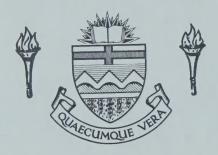
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COMMENTARY ON A LOCAL, NON-ETHNIC MINORITY GROUP

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF EDUCATION

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA FALL, 1976

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DEDICATION

I had an intense dislike for school from the very first day, when the towering nun, dressed in black and white, took me by the hand and guided me inside the dark and musty church-school. The disdain and contempt I harbored for institutions of learning and teachers was to be eternally enshrined in the grade books of my elementary and high schools.

My life as a child was devoted to more important matters. I liked running and jumping and climbing trees, rolling in the mud, playing with my spaniel dog, bicycles, and dreaming all those fantastic dreams which young boys often hold so dear. And so was born the spirit of adventure and a commitment to the expression of individuality. This has continued to influence and facilitate the learning process now that my conceptualization of education has changed.

This thesis is dedicated to two individuals who instilled in me the quality of perseverance and the compulsiveness to explore and discover.

It has served me well. To my parents, Fred and Aileen Ashman - Thanks.



ABSTRACT

The present study is a description of the needs, behavior and lifestyle of a specific non-ethnic minority group (the male homosexual community) in Edmonton, Alberta. The data is viewed from a counsellor-education perspective and deals with attitudes towards, and knowledge of, male homosexuality.

Although the literature on homosexuality is vast, there are many conflicting viewpoints. Some reflect the prejudices of the writers, while others betray a basis of misinformation and poor sampling techniques. For example, homosexuality is viewed as: (a) a normal variation of sexual expression, (b) a psychopathology, and (c) a behavioral dysfunction. It affects men from differing family backgrounds, ages, personalities and preferences for sex partners.

With the upsurgeance of the Gay Liberation Movement, "gay" activists have become more vocal in describing the societal pressures felt by many homosexuals. This has been contrasted with the more rigid, clinical view put forward by psychiatrists and therapists over the past thirty years. However, many counsellors and psychologists have maintained only minimal interest in the debate and largely remain uncommitted to the alleviation of the barriers between the "gay" community and the helping professions. There is a notable lack of Canadian-based research.

Forty-nine male homosexuals, in small groups, discussed the behaviors and lifestyles of the Edmonton "gay" community in response to a questionnaire presented by the researcher. The perceptions one gains of the homosexual in the literature differs in some respects from that



indicated by the sample.

The study draws attention to the heterogeneity of the "gay" community, a diversity similar to that which would be found in the larger population. There are differences and similarities between the lifestyles of homosexuals and single male heterosexuals of a comparable age. Considerable overlap is found between the courting and social practices of homosexuals and heterosexuals. The major difference focuses upon the isolation from society felt by many homosexuals.

The self-perpetuating nature of the "closed", homosexual community is proposed as an explanation for the maintenance of an individual's homosexual orientation and partly responsible for the barriers which exist between homosexuals and heterosexuals. Education rather than research is suggested as the future direction in the area.



ACKNOWLEDGEMENTS

Throughout my research, and during the preparation of this thesis,

I have not been alone. I am especially indebted to Dr. G. W. Fitzsimmons
for his excellent supervision of the project, his insightful comments
and his wise direction of a somewhat single-minded student.

My thanks must also go to Drs. R. Sydie and J. J. Mitchell for their help and valuable comments over the past six months. To all others who have contributed help and advice, I wish to express my gratitude.



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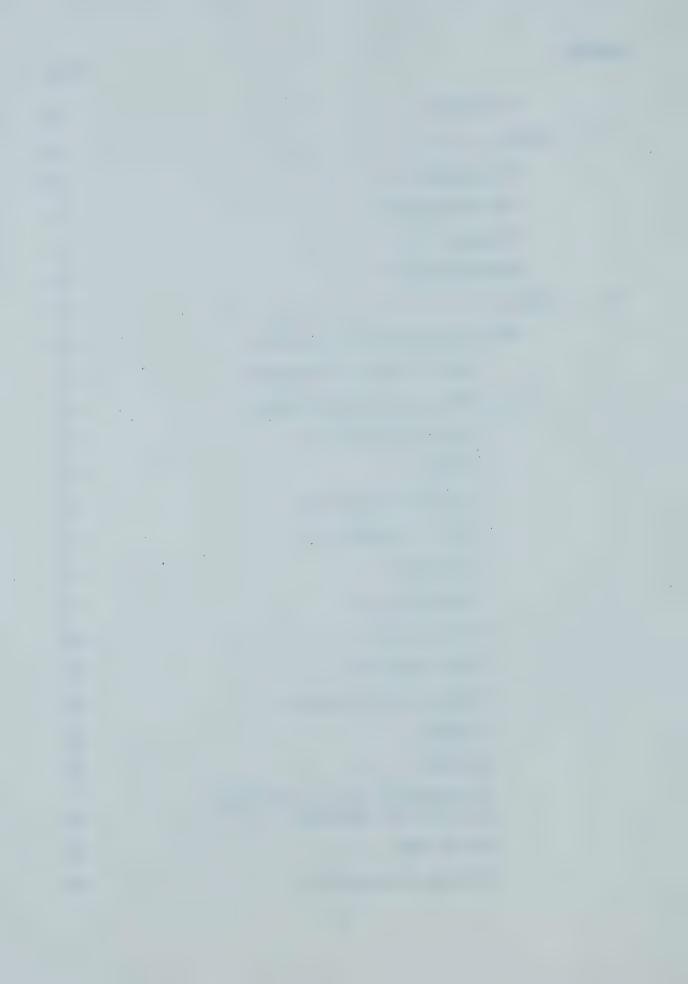
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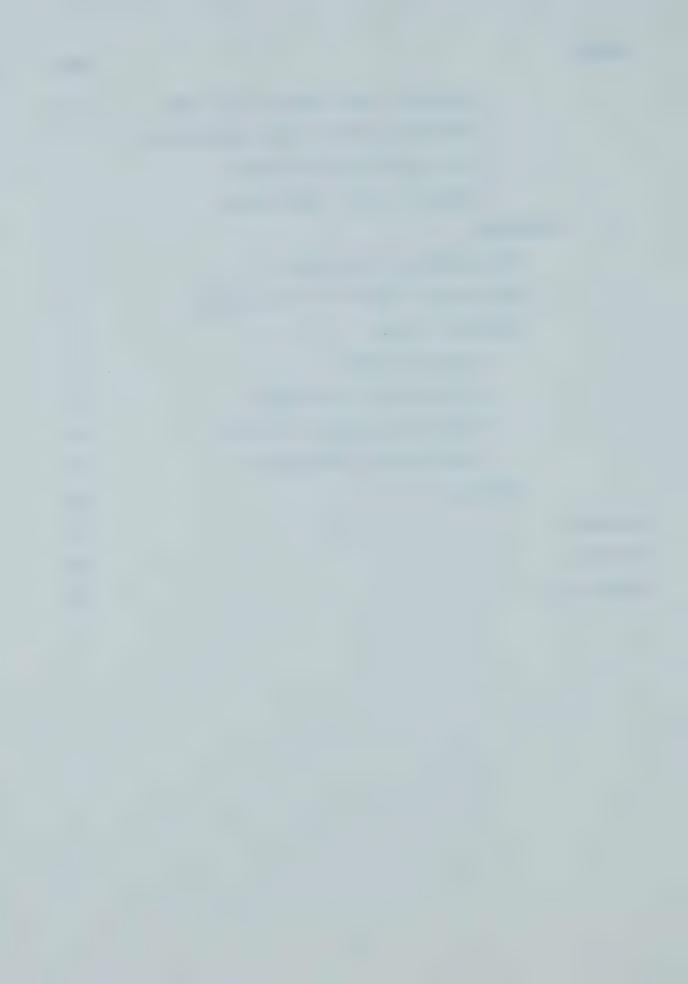
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CHAPTER I

PARAMETERS OF THE STUDY

The literature dealing with male homosexuality is vast. In some areas the material is juxtaposed, complex and confusing (such as the discussions regarding the etiology of homosexuality). In others, it is clear, specific and well supported. In reviewing the body of psychological, sociological and psychiatric literature, one gains a certain familiarity based upon the interdependence of data. However, one also gains a sense of uneasiness at the commencement of an attempt to structure and clarify the many interrelated issues of the homosexual way of life.

One outstanding feature of the literature on the North American homosexual is the notable lack of Canadian based research. Hence, the major portion of the literature cited in this investigation had its origin in the United States, especially New York and San Francisco. This leads to some speculation on the relevance of the material to Canadian populations. The homosexual community of Edmonton, by comparison with those of New York and San Francisco, would seem small, less obvious, and largely undisturbed by investigators from the Social Sciences.

The study reported herein is a limited investigation of homosexual lifestyles in one city of Canada. One specific focus of this study is to describe some differences which exist between homosexuals described in the literature, and the way they are in reality.



Homosexual? The Problem of Definition

Establishing a useful working definition of "homosexual" or "homosexuality" is a difficult task. One is distracted by several issues: confusion between behavior and orientation, the range of possible homosexual experiences, activity versus passivity in seeking sexual contacts, and the degree to which an individual accepts or rejects his homosexuality.

The problem of establishing a working definition is not confined to the preference of homosexuality. Indicating precisely what is meant by heterosexuality is equally difficult. However, as the second orientation is the sexual norm in Western society, the vigor of the debate, the confusion which surrounds the issue, and the lack of knowledge and understanding of the dimensions is considered by many as relatively unimportant. Hence, few attempts have been made to define heterosexuality in behavioral terms (Mirande, 1971).

Homosexuality, in contrast, has been represented in many ways, depending upon the writer's explanation of causation. However, when etiological speculation is removed, the simplistic descriptions bear close resemblance to one another. Weinberg and Williams (1974) have referred to homosexuality as a <u>variant of sexual expression</u>. Others have regarded homosexuality as a <u>preferential erotic attraction</u> (Fehren, 1972; Marmor, 1969); as a behavior involving sexual relations with a member of the same sex (Bieber, 1967; Freedman, 1971; Mitchell, 1973); as <u>emotional</u> attachments involving sexual attraction and/or overt sexual relations between individuals of the same sex (Bell, 1974b;

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Brown & Lynn, 1966); as a <u>preference for orgasm</u> with a person of the same sex (Schorer, 1973); as a <u>form of sexual development</u> in which the object of sexual arousal is a person of the same sex (McConaghy, 1973).

In some cases, concise representations are clouded by a confusion between description (that is, homosexual behavior which should be observable) and an explanation of homosexuality (that is, an abstraction from observed or self-reported behavior). Righton (1973), however, has noted that homosexual behavior does not necessarily classify homosexuals behaviorally. Homosexual behavior:

. . . refers to physical sexual acts between two people of the same sex . . . It by no means follows that two people engaging in such behavior are homosexual in orientation. This phrase indicates a disposition - either exclusive or predominant - for a man or woman to feel emotionally attracted to a member of his or her own sex. (p. 8)

Feldman (1973) stated that a definition should be derived solely from observable behavior. However, when the desire for an overt sexual response cannot be put into practice, the individual may be required to substitute the expression of this behavior into his fantasy life. Feldman states:

. . . definition and, in turn, assessment and classification requires not only ascertaining what people do, but also what they would like to do given the opportunity. Homosexual behavior may be usefully defined as homosexual activity or fantasy directed towards orgasm with a partner of the same sex, which is persistently recurrent, and not merely a substitute for a preferred behavior, that is, heterosexual behavior. (p. 131)

Freedman differentiates between primary and secondary homosexuality.

Primary homosexuality refers to sexual orientation which has been without heterosexual interest or practice in a person's life experience. Secondary homosexuality refers to the sexual orientation where a heterosexual history has been manifest at some time. While this dichotomy may be a



useful means of relating the degree to which a person may be involved in homosexual activities, it gives no indication of the extent to which he may be homosexual.

Marmor (1971b) and Hatterer (1971) have taken a different position. They stress the need to differentiate between those individuals who have a primary erotic preference for members of the same sex, and those who are preferentially aroused by persons of the opposite sex but engage in homosexual relations because of some unusual situational variables.

Normalizing Homosexuality

Since the formation of Gay Liberation organizations around 1969, one thrust in the literature has been to emphasize the societal pressures which are placed upon "deviant" groups. Weinberg and Williams (1974) have stressed that homosexuals are deviant only because those who are nondeviant tend to stigmatize others who do not conform to societal norms. Within Western society there has been a tendency to refer not to behaviors themselves, but to the expectations and typifications surrounding those defined as homosexual (McIntosh, 1968). It is these typifications rather than the sexual behaviors which reflect not only on the stigmatized individual, but also upon the societal reactions to him.

With a movement towards normalizing homosexuality, there has also been a tendency to behaviorally define homosexuality. In many instances the only difference between homosexual and heterosexual behavior is the gender of the partner. Pomeroy's (1969) description exemplifies this statement:



Homosexual behavior is defined as sexual activity between two persons of the same sex. It can consist of simple touching, kissing, petting, frictation, stroking the genitalia, mouth-genital contact, and anal penetration (for the male). Psychologic homosexual reactions consist of an awareness of sexual arousal by seeing, hearing, or thinking about persons of the same sex. Such arousal is often accompanied by physiologic reactions such as deeper breathing, a warm skin, and tumescence. (p. 3)

But for the reference to sex partners, Pomeroy's description could be equally applicable to heterosexual behavior.

One way of conceptualizing the distinction between homosexuality and heterosexuality is to describe the variety of behaviors in terms of a continuum. At one extreme may be found the individual in whom a heterosexual preference is predominant, though under certain circumstances he may become involved in homosexual activities. At the other extreme is the individual who is mainly sexually attracted to members of his own sex, but who may infrequently engage in heterosexual experiences.

Such a range of sexual proclivities was described taxonomically nearly thirty years ago by Kinsey et al. (1948). They divided people into seven behavioral classes ranging from "O", or exclusively heterosexual, to "6", or exclusively homosexual. The range from "l" through "5" represented those individuals with histories of heterosexuality and an increasing degree of homosexual experiences since puberty. Category "l" refers to individuals who have been predominantly heterosexual since puberty, and only incidentally homosexual.

It is agreed that individuals may be categorized in various ways according to the structure imposed by the investigator, for example, as outlined above (Kinsey et al., 1948), into three groups listed by Schofield (1966), or into forty-three classifications noted by Hauser



(1965). The usefulness of such an exercise is understandable if one is attempting to classify individuals on the basis of the number of heterosexual or homosexual experiences, or if the intent is to draw attention to the variation of sexual experiences in Western society. However, if one is endeavoring to obtain a valid perspective of behavior and lifestyle within the homosexual community, such a taxonomy is of little importance. What seems more important is to clarify in behavioral terms what differences and similarities exist between the lives of the homosexual and the non-homosexual.

Feldman (1973) has indicated that homosexuality implies some consistent internal, always present influence, which <u>causes</u> a person to behave in a homosexual manner. This seems to imply that the homosexual has some genetic or experiential factors which are not shared by the heterosexual. For the purposes of the present study, it may be assumed that some propensity to be homosexual exists, not necessarily in the sense of some biological or genetic determination, but some predisposition which, once established, prejudices an individual towards sexual relations with same sex partners.

Homosexuality is defined in this study as a <u>semi-permanent tendency</u> or inclination (a component of a person's character) to seek and/or fantasize about sexual relations with a member of his or her own sex.

The objective is the attainment of orgasm through genital arousal. The individual chooses to entertain homosexual fantasies in preference to heterosexual ones, and may or may not actively seek physical contact.

This study focuses attention on males who consider that they are leading exclusively homosexual lives at the time of data collection.



This does not exclude individuals who have indicated their earlier involvement in heterosexual relationships.

Causation of Homosexuality

Homosexuality has been referred to as a normal variation of sexual behavior, a constitutional tendency, a behavior induced by psychological conditioning, a normal developmental phase, a retardation of normal psychosexual development, and an illness (Arnstein, 1971).

While definition of terms allows for conceptualization of homosexuality, the issue of causation indicates the predominant professional views of this sexual disposition.

The topic of the etiology therefore highlights many of the inconsistencies and prejudices towards homosexuals. This results largely from inadequate information and overgeneralization from limited data.

Three substantive positions outlined below have been adopted to account for the causation:

Pathological dysfunction: concerned with psychopathological disease or biological abnormality related to environmental or genetic influences.

Genetic predetermination: the relationship between the origin of the organism and the homosexual orientation makes references to the mediation of that disposition by transfer of determiners from parents.

Functional disorder: factors relating to experience and behavior, without reference to organic change are seen as variables central to the development of a homosexual orientation; for example, controls and influences of parents, displays of affection towards children or lack of them.



Pathological dysfunctioning

Bieber et al. (1962) stated that clinicians generally consider homosexuality to be a pathologic, bio-social, psychosexual adaptation emanating from fears surrounding the expression of heterosexual impulses. This position contends that all psychoanalytic theories assume that adult homosexuality is in some way psychopathologic. A number of authors [such as Voth (1973)] base their assertion of homosexual psychopathology on the observation of heterosexual behavior of animals. They reason that as animals in their normal state do not engage in homosexual behavior, man in his normal environment should also be heterosexual unless he is psychologically maladjusted.

Hooker (1973) has suggested that evidence collected by various disciplines shows no inherent or necessary relationship between homosexual attraction to, or overt sexual behavior with, other consenting adults and psychopathology. Hooker draws attention to the substantial number of homosexuals who are physically and emotionally stable as the majority of heterosexuals.

The most persistent and realistic criticism of the research aimed at supporting the sickness model draws attention to <u>lack of scientific rigor</u>. Many studies use unsophisticated and/or nonobjective research designs. In general, those which show a connection between psychopathology and homosexuality are based upon populations drawn either from in-patients in psychiatric hospitals or prisons, or from patients seen in psychiatric practice (MacDonald & Games, 1974).

Many commentaries on the psychological well-being of homosexuals show the subjective bias of the writers. On occasions this may reflect



the prejudice and misinformation which may be shared by a large proportion of the public. Socarides (1968, 1970) employs an emotional attitude designed to stress the plight of the homosexual. Consider the following:

[Homosexuality is] a dread dysfunction, malignant in character, which has risen to epideomological proportions . . . The underlying pain and anguish [in homosexuality] produces dire consequences beyond the imagination of anyone not in a position to directly observe the intensity of the suffering (p. 1199)

Marmor (1970), in a review of Socarides' (1970) article, criticizes the subjectivism, dogmatism and <u>ex cathedra</u> assertions which label homosexuality as a mental illness with little or no scientific support. For example, Marmor (1970) comments:

The language it [Socarides, 1970] employs and the emotional attitudes it reveals belong to the anti-sexual traits of the Victorian era rather than to the second half of the twentieth century. (p. 1)

A large section of the psychoanalytic literature is devoted to the hypothesis that homosexuality arises from interactions between parent and child which may be explained by an unresolved oedipal complex (Bergler, 1962; Ellis, 1963, 1965; Nash & Hayes, 1965; O'Connor, 1964; Wiedeman, 1962).

An equally forceful and resolute group of clinicians supports an opposing viewpoint: that homosexuality is not an illness (Dailey, 1974; Gochros, 1975; Horstman, 1975; Turnage & Logan, 1975; West, 1968). Freud (1935), in his famous letter to an American mother, supports this position:

Homosexuality is assuredly no advantage but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. (pp. 195-196)



Considerable literature has attempted to show that homosexuals are unable to function satisfactorily in society because of their homosexuality. Studies which have made such claims overgeneralize and reflect a cultural or personal bias rather than a scientific judgment. In some cases, they might be seen as justification for the attitude which society holds towards homosexuals. Seidenberg (1971) has commented upon this point, stating that the volumes which have been written:

. . . turn out to be justification for society's prejudice against the "erotic minority" . . . yet they not only take care of themselves as well as the "normals", but are found in the arts, in sciences and in businesses at the highest levels of attainment and responsibility - and this in the face of terrible discrimination. (pp. 6-7)

There is no doubt that a number of homosexuals who are leading unfulfilled lives are unhappy. However, the same can be said for a substantial number of heterosexuals. That one faces a degree of adversity or unhappiness is no indication of pathology, and it is not sufficient to assume that homosexuals, because they are unhappy are mentally ill (Bell, 1974, emphasis added).

Genetic predetermination

Biomedically significant factors, such as hormonal or genetic imbalance and chromosomal anomaly, have been proposed as possible explanations for the development of a homosexual (Abe & Moran, 1969; Evans, 1973; Pritchard, 1962). Much of the early research (pre-1960) and more recent studies have supported biological causation. The twin studies of Kallmann (1953) drew attention to the genetic influence on behavior and physical characteristics more than two decades ago. More specifically, Loraine et al. (1970) and Margolese (1970), looking for



a somatic correlate for homosexuality, found some differences in urinary testosterone levels between groups of homosexuals and heterosexuals. In the latter study, it was hypothesized that a high endrosterone level is the reason for a sexual preference for females by either sex, and a low level was associated with a preference for the male by either sex.

Other investigations in this area have found no difference between homosexual and heterosexual samples (Heston & Shields, 1968; Parker, 1964). Rose et al. (1969) have suggested that urinary testosterone levels may be related to physical or emotional stress, and thus bear no relationship to homosexuality.

More recent studies in steroid biochemistry have drawn attention to possible etiological factors related to difficulties in steroid and hormonal receptors. The effect of biological and genetic determiners are not out of the question, though the degree to which these factors influence the development of homosexuality remains inconclusive. Money (1969, 1974) has indicated the importance of hormonal influences in gender identity differentiation and has stated that genetic, constitutional and biological determination are important, as are environmental, learned and sociological factors regardless of the degree of the homosexual commitment. However, it is not a question of either/or with respect to each of these categories, or a question of how much. The basic question is, which type?

One positive outcome of the research into the etiology of homosexuality is the interest being shown by biochemists and geneticists in areas which have previously been the concern of psychologists and sociologists. In the future it may be possible to draw upon evidence which



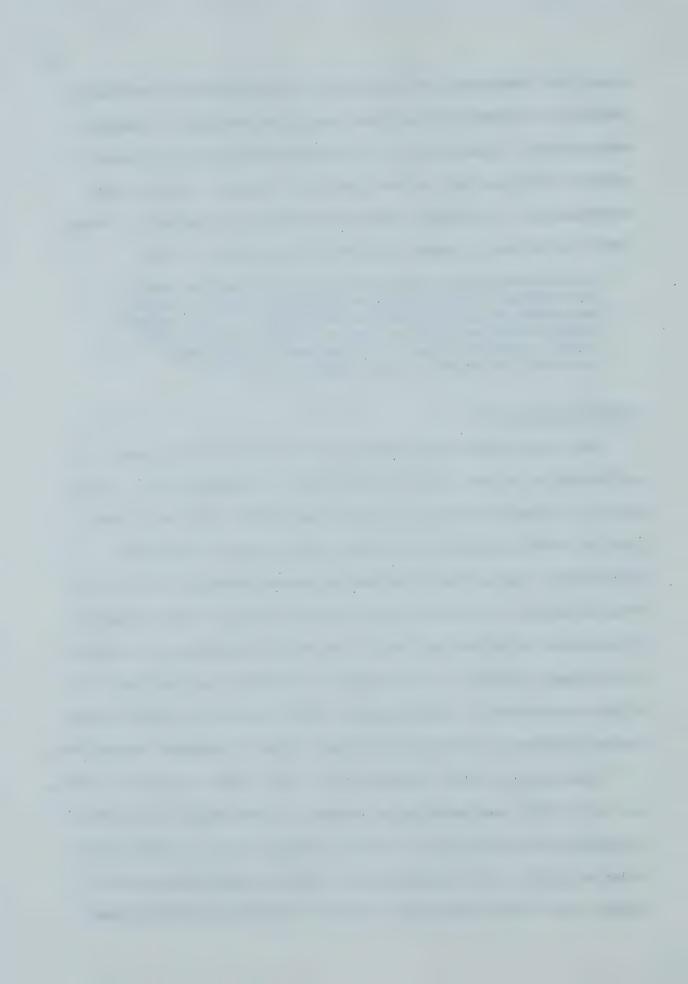
argues that homosexuals are "not born", and that genetic, hereditary, glandular, or hormonal factors have negligible influence in causing homosexuality. Conversely, it is possible that advanced biological research techniques may isolate significant factors in genetic predetermination. At present, conclusive evidence does not exist. Money (1969) has offered a comment supporting such a point of view:

In the etiology of homosexuality, one may look for prenatal pre-ordained factors either in the genetic code or in the metabolism of the interuterine environment. It is remotely possible that we may find also a factor associated with birth - or birth injury . . . One needs an open mind regarding the nature of such experiences. (p. 42)

Functional disorder

One's experiences with parents, peers and society have been postulated as factors aiding the development of homosexuality. In an article reviewing this position, Hatterer (1971) lists forty-three types of familial relationships which could lead to a homosexual disposition: twelve from relationships between parents and child; ten from the nature of the relationship between parents; fifteen stemming from maternal relationships; and six which are a function of relationships between siblings. In addition, he indicated five characteristics of peer relationships, seven aspects of North American society, and ten factors relating to identity which might foster a homosexual disposition.

Bieber et al. (1962), Bieber (1973, 1976), Bieber and Bieber (1975), and Voth (1973) have emphatically stated that homosexuals have familial structures that conform to a specific, singular kind of homosexuality-inducive profile. The characteristics include a rejecting, hostile father, and an over-controlling, sexually inhibiting, overtly closed



mother. The child's relationship with males such as his father, brothers and male peers is cold, disturbed and characterized by rejection. Coons (1974) supports a position relating to unaffectionate parents. Miller (1973) relates the development of exclusive homosexuality to a family background in which there is conflict between parents.

The environmental perspective has been questioned by a number of writers. Killinger (1971) commented that Bieber's (1962) study was probably statistically sound and that his subjects did have seductive, possessive mothers and hostile fathers. However, in more recent times a larger proportion of homosexuals are appearing who have had loving parents and stable family backgrounds. Apperson and McAdoo (1968), Feldman (1973), Hooker (1969), Norton (1973), and West (1959, 1968) have seriously questioned the likelihood of a stereotypic family background as being the causation of a homosexual orientation, suggesting that there are no significant differences between the family structure of homosexuals and heterosexuals.

Others have supported conditioning theory to explain homosexuality. Bandura (1969), Freedman (1971), Gebhard (1965), McGuire, Carlisle and Young (1965), and Pomeroy (1969) have supported the position that specific sexual behavior may be consolidated by reinforcement in a social learning situation. This suggests that the ultimate choice of sexual outlet depends on social learning experience. With homosexuals, the sexual attraction to males may act as a stimulus with contact as the response, and gratification as reinforcement. The close association one has with the community may also act as additional reinforcement. Marmor (1971b) has referred to cases in which homosexual object preference



became established in childhood and pre-adolescence due to gratifying sexual relations with a much admired older brother. Indeed, a number of factors may be instrumental in establishing and maintaining homosexuality. These may include the nature and timing of childhood and adolescent sexual experiences, the frequency of early sexual contacts and the setting in which they occurred. How the individuals involved perceived the encounters and how others (notably parents) reacted to them may be important in developing one's attitude towards sexuality and the formation of a positive approach towards homosexuality.

To this point, the writer has attempted to draw attention to the difficulty faced when defining "homosexuality". Three etiological perspectives have been outlined which represent attempts to explain how or why homosexuality becomes established.

The following exemplifies the conflicting views and biases which are found in the literature:

I regard preferential homosexuality as resulting from disturbed sexual development. (Gadpaille, 1973, p. 105)

It seems apparent that biologically humans were originally intended to be heterosexual and that homosexuality is a frustration of a human's full potential. (Buck, 1973, p. 26)

Negative conceptions of homosexuality tend to be perpetuated when generalizations about the subject are made by persons who are exposed only to psychiatric patients. (Mirande, 1971, p. 6)

All human sexual identification and behavior patterns, irrespective of desired gender object, are morally neutral. (Secor, 1969, pp. 78-79)

There is no such thing as a well-adjusted, happy homosexual. (Kriegman, 1969, p. 308)

The individual begins life psychosexually plastic and therefore capable of developing in a number of ways. (McConnell, 1974, p. 209)



Many homosexuals consider homosexuality to be as normal, good and healthy as heterosexuality. (Hacker, 1971, p. 71)

In almost all instances, he [the homosexual] engages in sex acts only with members of his own sex, not because he logically <u>prefers</u> to do so (that is, not because, presumably, he was born with homosexual tastes) but because (as his very exclusivity tends to show) he is excessively - compulsively <u>driven</u> to be homoerotic. (Ellis, 1963, p. 181; emphasis original)

The following section comments upon the present direction in research in homosexuality.

A Perspective on Healthy Homosexuality

In recent literature a subtle shift in orientation has been away from clinical description and theorizing on etiological aspects, and towards advocacy of the normality of a homosexual orientation. This involves making society aware of the results of social pressure and opprobrium under which the homosexual lives.

In making people aware of the plight of the homosexual, a change in social attitudes may be forthcoming. This may entail a redefining of the term "homosexuality" so that negative connotations are removed (Hooker, 1968). It may involve showing that a large portion of homosexuals live both healthy and happy lives and have no reason to seek psychiatric or psychological assistance (Hoffman, 1969; Nuehring et al., 1974).

Comparisons between homosexual and heterosexual groups may provide valuable support for those who wish to moderate public opinion, as few historiographic and observable differences have been found between homosexuals and heterosexuals. In matters such as personal adjustment,



differences have emerged (Mitchell, 1973; Thompson et al. (1971; Warren, 1974). A number of writers have stated that the prejudice directed towards homosexuals is a result of a cultural imposition with conventionality dictating that individuals ought to cultivate a single sexual taste: heterosexuality (Hoffman, 1974; Weinberg, 1974).

It seems reasonable to expect that the negative attitudes and the public disgrace associated with homosexual activities has a substantial effect on individuals sexually attracted to adults of the same sex.

The extent to which this reproach is responsible for psychiatric distress is unknown.

A final quote from Shinn (1969) seems appropriate:

Whatever our final judgment about homosexuality, there is something peculiarly unhealthy in the zeal of its persecutors (p. 44)



CHAPTER II

HOMOSEXUALITY AND SOCIETY

Incidence of Homosexuality in North America

Accurate demographic data for homosexuals in North America is scarce. The most acceptable figures were generated by Alfred Kinsey and his collaborators (Kinsey et al., 1948). Kinsey's data indicated that thirty-seven per cent of white males have some overt homosexual experience to the point of orgasm between adolescence and old age.

Eighteen per cent have as much homosexual as heterosexual contact for three consecutive years in their lives between sixteen and fifty-five years; thirteen per cent have a greater incidence of homosexual than heterosexual experience; and about four per cent are exclusively homosexual. A more recent account of the incidence of homosexuality in the United States varied little from the Kinsey figures noted above (Gebhard, 1969).

Kinsey et al. (1948) have been quoted by many writers (Feldman, 1973; Ivey, 1972; Mitchell, 1973; Schiller, 1973) on homosexuality. Irving Bieber (1973), in a commentary on the Tourney et al. (1973) paper, stated that the Kinsey figures appear to be an overestimation and that a more accurate estimate would be that "one to two per cent of American adult males are exclusively homosexual and another two to four per cent are bisexual (p. 32)". Killinger (1971), however, declared that the true number of homosexuals is vastly greater than the figures usually presented. He asserted that in 1971 in the United States the number of exclusive homosexuals was "perhaps as many as 13 million men and women (p. 719)".



Many of the figures cited by homosexuals or their organizations seem exaggerated and sometimes misquote the Kinsey figures in an attempt to add impetus to their cause (Bentein, 1975). This phenomenon may be an attempt by those who perceive themselves as deviants within a society to overestimate the numbers in their group so that the emergence of a larger estimate becomes the occasion for the political use of numbers. Gagnon and Simon (1973) have commented upon this point, stating that an overestimate by homosexuals (one male in six or one male in ten) is essentially a gesture aimed at normalizing homosexuality by emphasizing its commonness. A recent comment in a <u>Time</u> article summarizes this point: "Gay people like to be awed by their own numbers (<u>Time</u>, 8 Sept. 1975, p. 46)."

Based upon Kinsey's figures, one may speculate on the number of exclusive homosexuals in Canada and in Alberta at the present time.

Statistics Canada supplied population figures for Canada based on the June 1, 1974 census. Based upon a total population of 22446.3 thousand people and a four per cent estimate of male homosexuals, there would be 295,656 homosexual males over seventeen years of age.

The Bureau of Statistics in the Province of Alberta, supplied figures based on projection Series A for 1975. For a total population of 882.7 thousand, there would be 22,868 homosexual males over seventeen years of age in Alberta.

The Electoral Office of the City of Edmonton supplied a total population figure of 451,635 based on the 1974 electoral figures.

There would be 6,219 homosexual males eighteen years and older.

While it is difficult to comment on the Canada population, the



Alberta and Edmonton figures seem somewhat inflated at a four per cent estimate. Homosexuals who frequent "gay" establishments in Edmonton have been estimated by a spokesman for the Edmonton organization - Gay Alliance Towards Equality (GATE) - at 2,000 males, leaving a covert homosexual group of 4,000. One must consider, however, that those who attend "gay" establishments may include people who have not been exclusively homosexual, and may not continue a homosexual lifestyle in the future (that is, part of Kinsey's 37%, 18% or 13%). The discrepancy between what is assumed to be and what is the case becomes larger.

Sampling is of particular importance when dealing with a homosexual population because of the secretive nature of individuals who have much to lose if their homosexuality became public knowledge. These "covert" homosexuals are the most difficult group to research. No one knows exactly the extent of the homosexual population, and it is unlikely that even the most fastidious surveyor could describe the population precisely.

Many studies derive questionable conclusions because of limited and biased samples used during data collection. Subjects are frequently sought from student groups, thereby emphasizing educational factors and weighting the sample towards the middle- and upper-class social strata. This may reflect the investigators' unwillingness to enter a subculture with which they are not familiar or a possible disregard for appropriate sampling techniques.



Sexual Behavior

The characteristic which distinguishes the homosexual from the larger population is his preference for same-sex partners. However, it seems that many <u>similarities</u> exist between the sexual behavior of heterosexuals and homosexuals. In this section some of these similarities will be discussed.

Sexual activity for most people is a personal encounter with another person for whom there is some mutual attraction. Often nonhomosexuals believe (falsely) that to be "gay" is synonymous with promiscuous sexualism. "Gay" people are not necessarily more sexually unconstrained than heterosexuals and may have sexual inadequacies which inhibit their fulfilment as sensual beings - they may be impotent, experience premature ejaculation, rejection, and the same broad range of dysfunctions which hinder complete gratification between any two lovers.

While many volumes are available dealing with sexual inadequacies of heterosexual couples (Kaplan, 1975; Masters & Johnson, 1966), few deal with the practical issues of "gay" sexual dysfunctioning. In his volume of "ready-to-use practical advice", personal experiences, case histories and exercises, Loovis (1974) maintains that the homosexual can become dissatisfied with his sexual experiences as do people who are not homosexual.

Cullinan (1973) and Norton (1975) have stated that homosexuals are capable of loving, hating, and that they entertain similar feelings, infatuations, desires, sexual fantasies and behaviors as heterosexuals. In addition, sexual activity, apart from the reproductive function, is



used for self-affirmation (including reassurance of masculinity and femininity); to relieve anxiety, depression, guilt or masochism; for excitement or physical pleasure; to obtain love, relieve loneliness; to express anger or domination; as a duty; or for money or other reward or advantages (Coley, 1973). Each or any of these reasons may explain why people engage in a homosexual affair - just as these circumstances may also describe the motivations behind heterosexual involvement.

Freedman (1971) agreed that sexual behavior and one's sexual orientation is influenced by many motives. The acting-out of anxieties through erotic stimulation may not be intrinsically damaging or deleterious to one's psychological functioning. It may not be wrong or psychologically maladaptive. He commented that if sex:

. . . does not become an obsession . . . and as long as it is used in conjunction with - rather than to the exclusion of - the self-actualizing factors, then the individual is psychologically healthy. (p. 44)

Although homosexuality violates the sexual norms of the society in which it is practised (Roberts et al., 1973), it may show the extent of one's sexual liberation or freedom of expression. As such, it can be viewed as healthy rather than sick behavior (Schiller, 1973)

The opportunity to explore feelings associated with homoerotic (that is, homosexual) fantasies may not necessarily imply an irreversible commitment to the homosexual lifestyle. Similarly, a commitment to homosexuality need not be ipso facto a demonstration of perversion and need not necessarily be more or less idyllic than heterosexuality.

To this point, the discussion has touched on the following points:

The incidence of exclusive male homosexuality in North America



appears to be approximately four per cent of the adult male population.

Homosexuals tend to inflate the figures they present, in an effort to defend homosexuality as a common occurrence.

The predicted incidence of homosexuality in Alberta and especially in Edmonton seems larger than observed. However, there is no indication of the extent of the covert homosexual population. This results from the difficulty in sampling those who do not wish to be known as homosexuals.

Considerable emphasis is placed upon homosexual behavior, yet it appears that there are many similarities between the motives and uses of sex by homosexuals and heterosexuals.

To understand the reality of homosexuality, it is necessary, first of all, to have some understanding of the homosexual lexicon. The objective of the following section is to define some of the terms encountered in the "gay" community.

Jargon of the Homosexual Community

As with many subcultures within Western society, members of the "gay" community use slang terms as a means of isolating themselves from others (Schorer, 1973). Understanding the terminology is fundamental for maintaining communication with the subgroup.

"Gay" generally refers to those who have acknowledged their sexual orientation, at least to themselves (Norton, 1975). "Homosexual" has clinical implications, and commonly refers to individuals who are unaccepting of their sexual orientation. "Straight" is synonymous with "heterosexual". "Coming out" or "coming out of the closet" is the process of acknowledging one's homosexuality to self and others.



Often associated with male homosexuality is the affected speech and mannerisms associated with femininity. This stereotypic behavior, exaggerated for the sake of humor, is called "camping".

Some terms are specific to the homosexual culture. "Drag" refers to assuming the attire of the opposite sex. Often lavish evening wear and make-up is used, and feminine mannerisms are exaggerated. "Radical drag" describes the anomaly of feminine attire worn with incongruent male attire (such as work boots and/or a beard). "Trade" describes an individual who will allow himself to be fellated, but who will not reciprocate - he is often a young male prostitute.

Other terms have been taken from the jargon of other subgroups, for example, prostitution and the civil rights movement: "Tricking" or "turning a trick" relates to sexual activity, usually between strangers and typically of one-night duration. "Cruising" refers to searching for a sexual partner by looking suggestively, or by making subtle suggestions to another person. "Passing" refers to activity whereby a member of the subgroup attempts to indicate (falsely) that he is not homosexual. "Passing" behavior includes telling jokes about, or deriding homosexuals, or acting at a party such that suspicion of homosexuality is removed.

Laws Relating to Homosexual Acts and Their Enforcement

Since biblical times homosexuality has been outlawed in the Western World (Fehren, 1972). The law remains a constant source of resentment in homosexual circles. A major objective of the North American Gay Liberation Movement is the repeal of those laws which prejudice homosexuals. One has



only to peruse any "gay" publication (for example, <u>The Advocate</u>) to gauge the preoccupation with legal equality.

Homosexuals living in many sections of the United States are under constant threat of laws and law enforcement practices. Canadian laws, by comparison, tend to aid the decriminalization of those who seek sexual gratification discretely with consenting adult partners of the same sex.

While public opinion remains divided between liberalization and prosectuion of homosexuals, legislation was passed in 1968-69 which removed many legal barriers restricting homosexual relationships in Canada. Sections 155-158 of the Canadian Criminal Code indicate the present laws:

BUGGERY OR BESTIALITY.

155. Every one who commits buggery or bestiality is guilty of an indictable offence and is liable to imprisonment for fourteen years. 1953-54, c.51, s.147.

INDECENT ASSAULT OF MALE.

156. Every male person who assaults another person with intent to commit buggery or who indecently assaults another male person is guilty of an indictable offence and is liable to imprisonment for ten years. 1953-54, c.51, s.148; 1972, c.13. s.149.

ACTS OF GROSS INDECENCY.

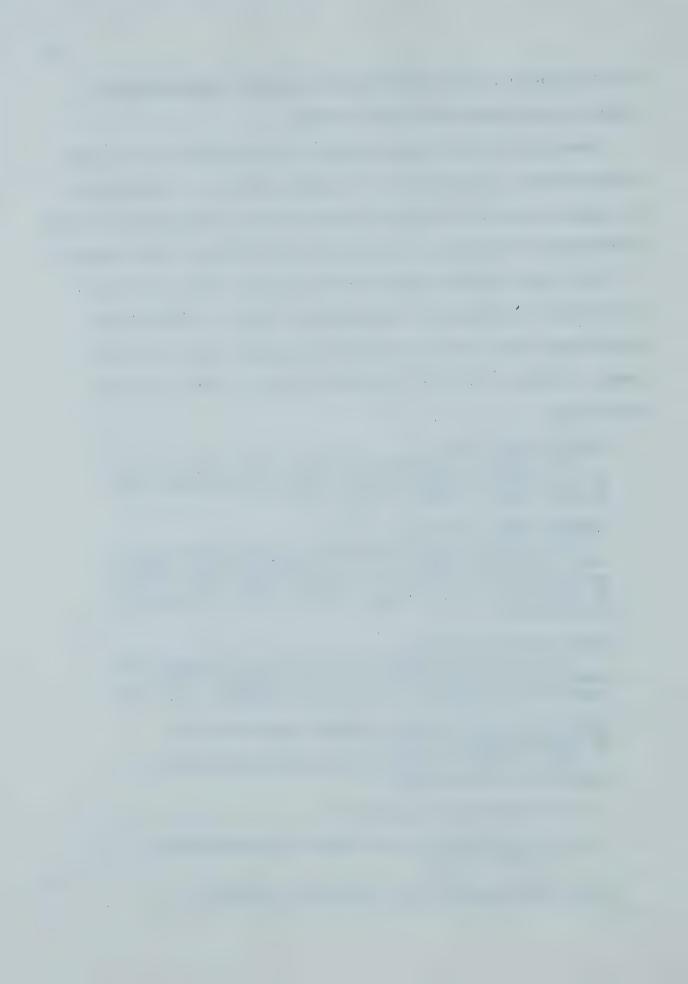
157. Every one who commits an act of gross indecency with another person is guilty of an indictable offence and is liable to imprisonment for five years. 1953-54, c.51, s.149.

EXCEPTION RE ACTS IN PRIVATE BETWEEN HUSBAND AND WIFE OR CONSENTING ADULTS - Idem.

158. (1) Section 155 and 157 do not apply to any act committed in private between

- (a) a husband and his wife, or
- (b) any two persons, each of whom is twenty-one years or more of age,

both of whom consent to the commission of the act.



- (2) For the purposes of subsection (1).
 - (a) an act shall be deemed not to have been committed in private if it is committed in a public place, or if more than two persons take part or are present; and
 - (b) a person shall be deemed not to consent to the commission of an act
 - (i) if the consent is extorted by force, threats or fear of bodily harm or is obtained by false and fraudulent misrepresentations as to the nature and quality of the act. or
 - (ii) if that person is, and the other party to the commission of the act knows or has good reason to believe that the person is feeble-minded, insane, or an idiot or imbecile.

 1968-69, c.38, s.7.

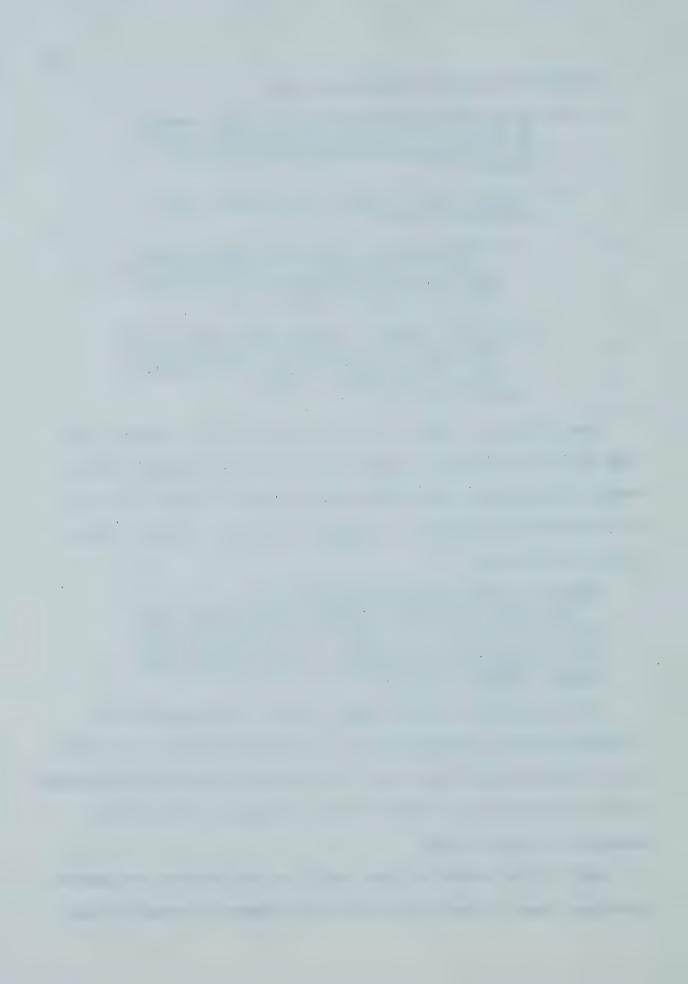
Laws relating to sodomy (that is, copulation with a member of the same sex, or non-coital and especially oral or anal copulation with a member of the opposite sex) and pedophilia (that is, sexual preference for children) exist within the framework of Sections 155-158. Section 140 is also relevant:

CONSENT OF CHILD UNDER FOURTEEN NO DEFENCE.

140. Where an accused is charged with an offense under section 146, 149 or 156 in respect of a person under the age of fourteen years, the fact that the person consented to the commission of the offence is not a defence to the charge. 1953-54, c.51, s.132.

It is questionable whether legal restraints have any effect on limiting a person's sexual activity. One important factor is the effort used in enforcing the legal code. In the United States police departments practice entrapment in an effort to lessen homosexual solicitation, especially in public places.

While little comment has been made about such practices in Canadian provinces, there is some evidence within the homosexual community that



entrapment is practised by police departments in larger cities, notably Montreal and Vancouver.



CHAPTER III

HOMOSEXUAL LIFESTYLE

This chapter is divided into two sections. The first deals with the activity of living, including early homosexual experiences, sexual practices, and living arrangements. The second section concentrates on lifestyle issues related to the psychological functioning of the individual, including support from and adjustment to the community.

Activity of Living

Early homosexual awareness

Despite legal proscriptions and societal condemnation, homosexual behavior is characteristic of male development. Many developmental psychologists refer to the homosexual activities of children and adolescents (Conger, 1973; Craig, 1976; Douvan & Adelson, 1966; Grinder, 1969, 1973; Rice, 1975; Rogers, 1975; Stone & Church, 1973) in general, viewing a period in which the child is homosexually active as a developmental trend.

For many young males, there is a period during which their almost constant companionship with other young males leads to exploration of their bodies and mutual masturbation (Marcus & Francis, 1975). In many cases this activity is indicative only of the growing awareness of one's sexuality. Adler (1967) indicated that peer group reciprocal masturbation might be due to adolescent insecurity because appropriate sexual responses are not established. They may prefer same-sex companionship rather than risking sexual exposure with the opposite sex. In most cases, male adolescents establish a preference for heterosexual attraction once



contact has been made with girls. The establishment of a preferential rather than a transitory homosexuality has been the subject of much debate, some part of which has been discussed herein.

Bieber and Bieber (1975) and Righton (1973) refer to a fear of homosexuality as a characteristic of a large group of heterosexuals who are emotionally unable to respond to women, yet who feel out of place in a homosexual environment. In these cases, there is little chance that preferential or situational homosexuality exists. However, for the young homosexual who acknowledges the disposition that he is not "going through a phase", it is very perplexing for him to contrast his growing attraction towards males and the emerging heterosexual behavior of his peers. This awareness is often experienced at a time when the individual is least able to cope with such feelings, in about the tenth or eleventh year of life (Norton, 1975; Righton, 1973; Weinberg, 1972).

Companionship and entrance into the "gay" community

Young people are particularly susceptible to folklore and jokes about homosexuality and "fags" which tends to increase the guilt and isolation one feels solely as a result of his sexual experience. During the high school years, many young homosexuals seek companionship and a lifestyle which is compatible with their "straight" world, and their need for associations with other homosexuals. Also during adolescence, the school environment is a source of companions and peer group support. One who is homosexual is liable to find (not necessarily personal rejection, but) mockery and scorning of the orientation which has become a part of life. Norton (1975) has drawn attention to these needs of the young person:



"Where can I find somebody else?" is not just a heterosexual need . . . Homosexuals want companionship with people with whom they can feel comfortable . . . Contact with local gay liberation groups can help. (p. 4)

However, entering the "gay" community is difficult for the young person with recognized homosexual preferences. Embarrassment, fear of exposure and a sense of isolation in many cases keeps the young person from seeking other homosexuals until he either summons courage to approach a "gay" organization or meeting place, or speaks to an accepting member of the helping profession.

The realization that there are many homosexuals with whom he can communicate freely, and who are willing to initiate him into the "gay" lifestyle, removes considerable doubt and fear. Frequently after a young person is introduced to the "gay" community, he experiences a sexual "honeymoon period" in which he learns about homosexual lifestyles in a way which need not necessarily be directly sexual, and may not involve the genitalia (Simon & Gagnon, 1967).

At this early stage of involvement in the "gay" community, many young males go through the crisis of femininity. This might involve "acting-out" in relatively public places in a somewhat effeminate manner. Some even wear female clothing. The existing homosexual culture may sustain this behavior as others, already in the crisis stage, become models for those who are newer to their homosexual commitment.

Nuchring and Fein (1974) refer to this period as one in which the homosexual, through his "gay" social contacts, obtains the necessary "recipes" on how to handle himself in homosexual social or sexual situations. These are generally affected as a result of interactions with older men.



Courtship and frequency of contacts

The bridging of the dimensions referred to by Simon (1974) as "the being of sexuality", and "the doing of sex" (p. 65) is initiated or affected through courtship behavior. Courting is defined as activities aimed at securing the sexual affections of another.

While there are similarities between the sexual behaviors of homosexuals and heterosexuals, different social conventions make brief sexual encounters more readily available in the "gay" society. There is less need for extended dating or statements of love, and no formal social arrangements such as marriage exist to sustain a homosexual relationship.

Brief encounters (one night's duration) seem to be the norm with the "gay" subculture. Some homosexuals seek new partners at every opportunity. Others seek more stable and more emotionally-based relationships, and express disapproval of those who move from partner to partner without apparent concern. Cullinan (1973) commented that promiscuity is probably no more prevalent in the homosexual community than in the heterosexual community. However, Bell (1974), reporting research conducted by the Institute of Sex Research, drew attention to the difference between the number and nature of sexual partnerships. The modal view of white male homosexuals, based on his findings, is that of people reporting over 1,000 sexual partners throughout a lifetime. Most of these would be strangers and sexual activity would occur only once. A modal view of the white male heterosexual is that of a person having five to nine partners during a lifetime who in general were not strangers, were cared about, and with whom repeated



coital activity occurred.

The development of a fulfilling homosexual relationship begins by establishing a sexual contact. Once the partners become more familiar with one another, they may establish a friendship. Gagnon and Simon (1973) have drawn attention to this mode of development. They quote the comments of a respondant in their investigation:

First you think of your partners as objects, then you get to know them as persons. And if you have a strong promiscuous background and there is some point about the sexual behaviors you don't like, then you go on and get something else . . . you have to work at building a friendship . . . you have to see him in a variety of situations, and you have to try to get out of a sexual dead-end when you're just seeing him as a bed partner. (p. 147)

Homosexuals adhere to a strict dichotomy between their close social friends and their sex partners. Subcultural norms strongly discourage sexual activities between close friends (Cotton, 1972; Nuering et al., 1974). The separation of physical and emotional gratification seems to imply a hierarchy of needs. Freedman (1971) stated that homosexual activities may simply be a means of obtaining sexual fulfillment. However, as with heterosexual relationships, it is more often involved with needs central to the individual's personality, such as companionship, love and dependency.

To fulfill the needs associated with companionship and social activity homosexuals, like many heterosexuals, attend bars. They are important places where friends gather to enjoy themselves, and may also serve as a place where "cruising" takes place outside their circle of friends (Norton, 1975). The bar environment serves two purposes: primarily a comfortable meeting place serving as a social center, and



a place where sexual contacts may be made.

Sex, solely as a means of obtaining erotic gratification, may be exemplified in group sexual activities. Freedman (1975) cites an unreferenced study by Gigl (1970) who found that 55 percent of a sample of 680 "gay" men participated in group sex at least once a month. Freedman concludes that "gay" men are more comfortable engaging in group sex than non-"gay" men, offering pleasures not available to couples.

Finding a sexual partner is difficult for homosexuals as it involves finding someone to whom <u>one is attracted</u> rather than simply finding someone. Bell (1973) listed a number of physical characteristics preferred in a sexual partner. These included being well-proportioned, a masculine appearance, an athletic build, lack of baldness or color of hair, a muscular body, pleasant facial features, tall, large penis, amount of body hair, youthfulness. Hence, "cruising" does not necessarily guarantee that a person will find a partner.

While a majority of homosexuals have specific preferences for partners, the "gay" community overlooks ethnic, racial and socioeconomic barriers between sex partners. Cotton (1972) reported that sexual relationships between individuals of different socioeconomic status, ethnic or racial characteristics are common. The explanation most frequently stressed is that homosexuals, being an oppressed minority group, understand and empathize with the sufferings of others in subordinate social positions.



Sexual practices

As one becomes more involved in the homosexual community, he experiences a variety of partners, and becomes more adjusted to his role, his repertoire of homosexual practices increases. This is a function of his age, and his participation in various acts (Bell, 1974a; Miller, 1973).

Being involved in a variety of sexual practices, however, does not necessarily imply that one homosexual can satisfy another. Freedman (1975) claims that "gay" men know how to please their partners because they understand the pleasurable feelings they are causing. Others, such as Loovis (1975), dispute this assertion, suggesting that few homosexuals know how to maintain a high degree of sexual arousal in their partners.

There is a hierarchy of sexual practices, each level being achieved as a function of one's homosexual sophistication. The stages are: mutual masturbation, kissing on the mouth, fellation (passive, then active), anal intercourse (passive, then active). Most homosexuals engage in all practices, with fellation and anal penetration being the most preferred activities (Bell, 1974a; Weinberg & Williams, 1974).

Sexual contacts

Homosexual contacts may be made in any setting: at a "gay" bar or club, in "straight" bars, in a bus, at work, in an airport or bus station, at the theatre, in a public park, hitchhiking, in a street, store or restaurant. Nonverbal signals (for example, prolonged gazes and gestures) usually facilitate contact, and generally go unnoticed by those unfamiliar with the language. The agreement to participate in a sexual encounter



may be offered, accepted and affected without any person other than those involved being aware of the interchange. Rarely does the homosexual force his attention upon an unwilling partner (Nuehring et al. 1974).

Once a contact has been made, there is rarely an explicit verbal agreement by the partners indicating intent or acceptance of the contact (Hooker, 1967). The offer of a drink or coffee is the extent of the contact.

In "tricking" situations there is little talk between the individuals. Little biographic information is exchanged. Sex may be directly attended to and consummated, and the participants may separate without knowing any more than the other person's name (Weinberg & Williams, 1974). On occasions the partners may agree to meet at some time in the future for additional encounters, but this is the exception rather than the rule.

Prostitution

Prostitution exists in the homosexual community. Reiss (1967) distinguished three types of prostitutes: bar-hustlers, street-hustlers, and call-boys. They most often attract people who have difficulty making contacts, and/or those who can afford to pay. Older homosexuals may seek such contacts because of their inability to attract partners.

The youngest group is commonly referred to as "trade". They generally do not consider themselves homosexual, pursuing their activities for profit alone (Humphreys, 1969; Reiss, 1967). If the relationship does not conform to the young prostitute's expectations, he may carry out some violence against his client. The clientele of the public washroom prostitute is likely to include married males rather than the homosexual



who frequents "gay" bars and other establishments (Bell, 1974a). Longterm relationships are unlikely to result from contact with prostitutes and the mores of the situation exclude extended interaction (Reiss, 1967).

Prostitution is often minimized by "gays" as it adds to the negative impression and is a disreputable practice carried out by socially "undesirable" individuals.

Living arrangements

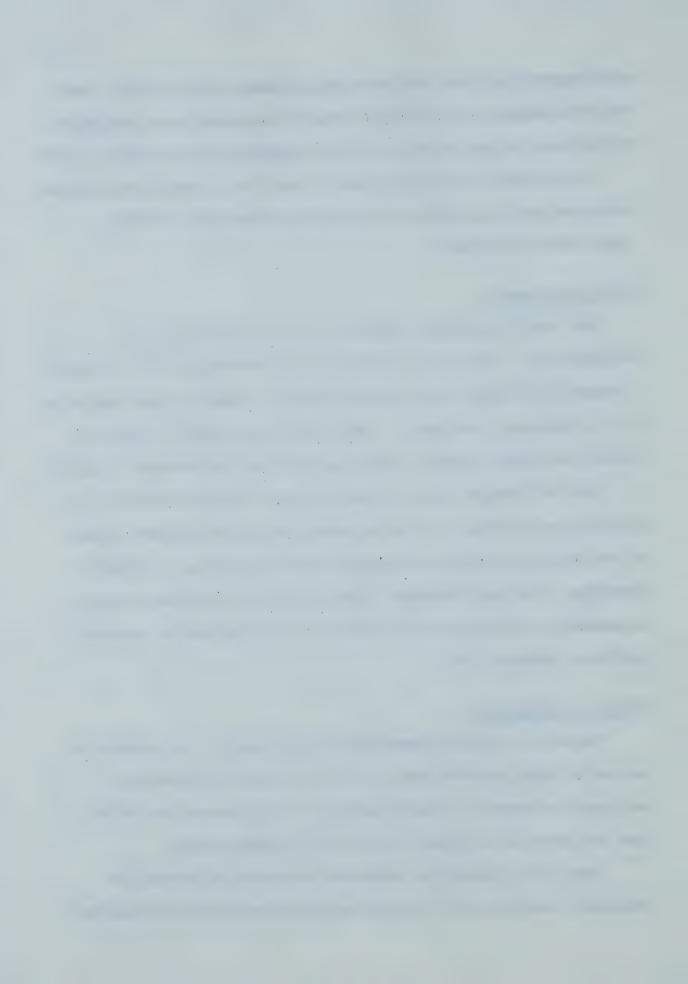
The initial homosexual experience often occurs before the fourteenth year. Hence there are continuing homosexual activities among a proportion of high school students (either as temporary experimentation or as a long-term commitment). Some students may establish homosexual contacts at school; however, the frequency of such occurrences is unclear.

Once the teenager enters the work force or attends university, it often becomes necessary to find accommodation outside the family home, so that he may continue his homosexual activities without his family's knowledge. The young homosexual often decides to leave home and seek accommodation elsewhere out of a desire to avoid personal or parental conflicts (Weinberg, 1972).

Range of accommodation

The ideal living arrangement for the homosexual is to reside with one who is loved and with whom one's life is shared. The mode of residence can promote or impede particular lifestyles and can reflect upon the extent to which one is committed to homosexuality.

Living with a compatible homosexual room-mate can provide the individual with the kind of support and companionship which allows for



a more positive approach to one's homosexuality. Living with parents or other heterosexuals, whether they are accepting or otherwise, is most restricting for the homosexual, and more frustrating than living by one's self. The latter style is the most usual pattern for male homosexuals, for it allows greatest freedom to pursue one's life and sexual activity unhindered, if one is financially sound.

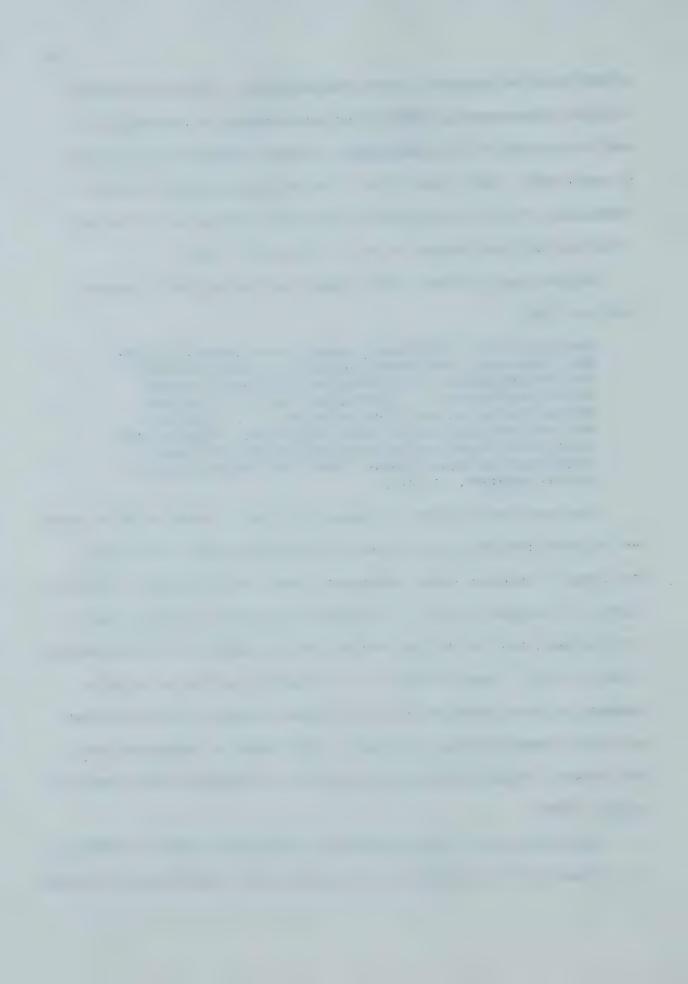
Weinberg and Williams (1974) summarized findings which support this position:

Homosexuals with homosexual roommates were found to be the most open about their homosexuality . . . most integrated into the homosexual world and show the greatest psychological well-being . . . homosexuals who live alone are not outstanding on any of our measures . . . homosexuals who live with their parents are the youngest, high in worry about their homosexuality being exposed, and the least likely to have close friends. They show the most psychological problems. (p. 240)

The homosexual community is generally found in areas in which there are highrise dwellings, which have a high incidence of single people, are close to downtown areas, amusements, bars, and the business districts. Largely for economic reasons, homosexuals congregate in areas close to city centers, and for the same reasons tend to cohabit in living quarters (Cotton, 1972). Sometimes there is no sexual attraction or activity between the pair; sometimes they are friends (thereby precluding sexual activity); sometimes they are lovers. They share the household tasks, the economic responsibility, and avoid any sex differentiation (Nuehring et al., 1974).

Up to this point, the discussion has centered on forms of lifestyle.

The following section deals with the psychological correlates of lifestyle.



Psychological Issues Related to Lifestyle

Stereotyping homosexuals

Many homosexuals conform to stereotypes held by society. The homosexual community both rejects the stereotyping of its members, and supports them. Goffman (1973) concurs with this position, stating that:

The stigmatized individual may exhibit identity ambivalence when he obtains a close sight of his own kind behaving in a sterotyped way, flamboyantly, or pitifully acting out the negative attributes - to him. The sight may repel him, since after all he supports the norms of the wider society, but his social and psychological identification with these offenders holds him to what repels him. (pp. 107-108)

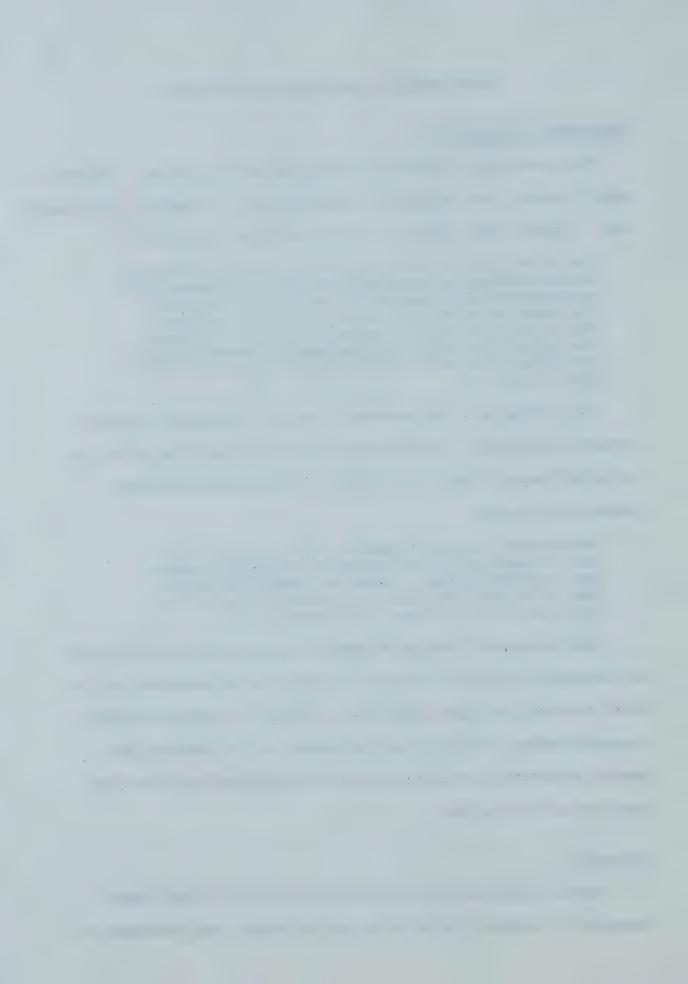
In a similar way, the homosexual community influences a person's perception of himself. Nuehring and Fein (1974) have drawn attention to the influence of the "gay" community in maintaining sterotypic homosexual responses:

Interaction in the gay community serves, in part, not only to teach but to remind members of negative stereotypes about themselves, insofar as stereotypes become part of the oral tradition of the community as well as acted out in such things as its humor. (p. 4)

Many homosexuals consider themselves psychologically healthy and well-adjusted individuals capable of reacting in an acceptable way in both "straight" and "gay" communities. There is, as Goffman (1963) commented above, a repulsion against members of the community who expose themselves to ridicule because of stereotyped mannerisms, and they are actively avoided.

Friendship

Maslow (1954) indicated that one must satisfy the basic needs necessary to sustain life before he strives towards the attainment of



emotional and social fulfillment - self-actualization. The establishment of first-order friendships satisfies higher level needs, in particular the need for self-affirmation. The homosexual's friends are generally drawn from within the subgroup, from people whom he perceives have the same needs, and similar social status. Life focuses around a number of small groups ranging from three to six people, most members of which are homosexual. Some overlap may exist such that members may belong to more than one clique (Cotton, 1972).

The established homosexual has little close contact with heterosexuals as much of his social life revolves around the "gay" community (Nuehring et al., 1974). The quality of social life depends upon the type of individuals who comprise the cliques; they attend movies and the bars together, visit one another's homes [possibly more than heterosexuals according to Cotton (1972)], and make light-hearted comments about each other's sexual prowess and size of genitals.

Support from the Community

Self-image

The exclusive homosexual lives in two societies. He works and performs his citizen function in the heterosexual world. He draws emotional support and occupies his social time in the homosexual world, for in the "gay" community the homosexual finds comfort and understanding, largely lacking in "straight" society.

Many heterosexuals find it difficult to relate to the feelings and lifestyle of the homosexual. Similarly, if the latter has maintained an exclusive orientation since puberty, he finds the heterosexual an enigma.



One's self-image, his evaluation and acceptance of the various aspects of his life is directly related to the quality of his relationships with the world. Whether the person's evaluations are accurate is not important; his appraisal of his own social competency is a function of the feelings obtained from experiences with others.

Weinberg and Williams (1974) refer to the association between the homosexual's looking-glass self and psychological well-being. By looking-glass self, they refer to: (1) how the person thinks others appraise him; (2) how he evaluates his social competency; and (3) how he perceives his homosexuality. They suggested that the relationship holds regardless of the significance of the appraiser to the homosexual. Rejection from anyone symbolizes society's more global rejection.

The affiliation the homosexual feels for his lifestyle, involvement with the community, and the support he gains from it, is of lesser significance to the acceptance/rejection he receives from the heterosexual society. The fear of sanctions from society leads the homosexual to assume that there are negative feelings behind the reactions of heterosexuals towards him, whether or not he has experienced discrimination. In some cases the homosexual's suspicion leads to misinterpretation of honest and genuine interactions with "non-gays" (Holzer, 1972). Nuehring and Fein (1974) commented upon such instances in which homosexuals have misinterpreted the actions and comments of others:

This orientation leads them to misinterpret for the worse the meanings and actions of straights . . . Thus, because of the interrelations between experience and orientation of gays towards straights the experience of the gay with straights are filled with even more unpleasant events than are intended. (pp. 8-9)



This perspective causes many homosexuals to perceive heterosexuals as exploitive, not only in sexual matters, but also in heterosexuals' attempts to secure favors.

If the individual is psychologically well-adjusted, his concern about other's judgment of him is minimized. However, the influence of society's view of homosexuality is felt from a very early age, and the homosexual must possess personal strength to transcend social pressures, or gain support and justification from another source.

Involvement in the "gay" community

Becoming involved in the "gay" community is a matter of choice.

Many homosexuals view their involvement as an admission of homosexuality and perceive this as a threat if they have not "come out" in all facets of their lives.

An individual's reluctance to enter the community may stem from his fear of his future inability to "pass" effectively in the "straight" world. This is especially true if he is in employment where evidence of homosexuality may lead to forced resignation.

One has to weigh the relative benefits and drawbacks of community involvement, and there are many homosexuals who wish to become part of the subculture and yet who are at a loss about how to enter the community (Warren, 1974).

The community supplies a variety of supports offering a communication network, indicating areas or places to be avoided; a social milieu with available sex objects; or a center where young people may be integrated into the various facets of homosexual life (Hacker, 1971; Hooker, 1965; Marmor, 1971b; Nuehring et al., 1974). The support given by the community



and its various institutions (e.g., the "gay" bar) helps establish the person's homosexual identity. Warren (1974) suggested that this involves an affiliation based on a feeling for other males with the same sexual orientation rather than an affiliation based upon the sexual act.

Homosexual affiliation

Leznoff and Nestley (1967) stated that homosexual contacts keep the homosexual community together. This may be interpreted in two ways: members belong to the community because they have a particular sexual orientation, or the homosexual belongs to the community because of his need to obtain sexual partners. Regardless, the most socially involved homosexuals are found to be least likely to anticipate or experience rejection from heterosexuals.

The more a person becomes involved in the subculture, the broader is the scope of interactions that are likely to occur. He will be more likely to meet a larger number of homosexuals who are successful and who have had more experience with heterosexual responses. With more contact the homosexual meets those more capable of handling their homosexual identity and with those who can offer useful advice and support. Homosexuals who have high social involvement were found by Weinberg and Williams (1974) to show less likelihood of renouncing their homosexuality.

Involvement with the "gay" community, then, has two advantages for the young homosexual. These are: (1) acculturation to the norms and standards, the practices and social mores of the homosexual subgroup; and (2) advice on ways in which one may handle one's homosexuality in the heterosexual society.



Transvestites and transsexuals

Two groups which are often classified as homosexual are transvestites (individuals who almost exclusively wear the clothing of the opposite sex) and transsexuals (individuals who have changed or are in the process of changing their sex through medical intervention).

Transsexuals appear infrequently and are not accepted in the homosexual community. Before medical intervention, transsexuals may have been "biologically" homosexual; following "treatment" they are heterosexual in orientation.

Transvestism appears in two forms: "Drag" and "true" transvestites.

"Drag" is acceptable within the mores of the subculture, but neither transsexualism nor "true" transvestism is an accepted identity with the homosexual community (Warren, 1974).



CHAPTER IV

EDUCATION AND THE HOMOSEXUAL STEREOTYPE: A PERSPECTIVE FOR THE COUNSELLING PSYCHOLOGIST

Introduction

This chapter deals with counselling and homosexuality. It is not the objective of the writer to support or justify homosexuality as a way of life. It is the contention of the writer that homosexuality is a viable form of sexual expression for a number of people, and that counsellors and psychologists should familiarize themselves with the literature and, more importantly, with the lifestyle of homosexuals.

A number of writers have asserted that society has devised a set of standards or expectations for homosexuality based largely on stereotypic and damaging perceptions. They have asserted that the result of this has been to alienate members of the community from society and create antagonism between those of opposing orientations. Consider, for example, the following two statements:

Whether or not it will be possible to make people see that the behaviors of the typical homosexual is nonconformist, and not abberant, the time must come when people will realize the great economic price they pay for their settled and inflexible convictions. No one will expect miracles, but the homosexual problem is in fact the creation of society and the people in it; sooner or later men and women must realize that they are accountable for the outcome of their collective actions. (Schofield, 1965, p. 190)

Moral and social attitudes serving nothing more than to allusory purpose, tend to make the homosexual a "victim" of needless discrimination. Such forces have evil consequences not only for the homosexual but also for the integrity and security of our culture. (Willis, 1967, p. 4)



The following two sections, dealing with the aging homosexual and homosexual child molesting, draw attention to stereotypic views held by many members of society. These stereotypes may exist in some isolated instances, yet the literature outlined below may repudiate the traditional and generally accepted viewpoints, thereby placing the emphasis on objective information rather than value judgments.

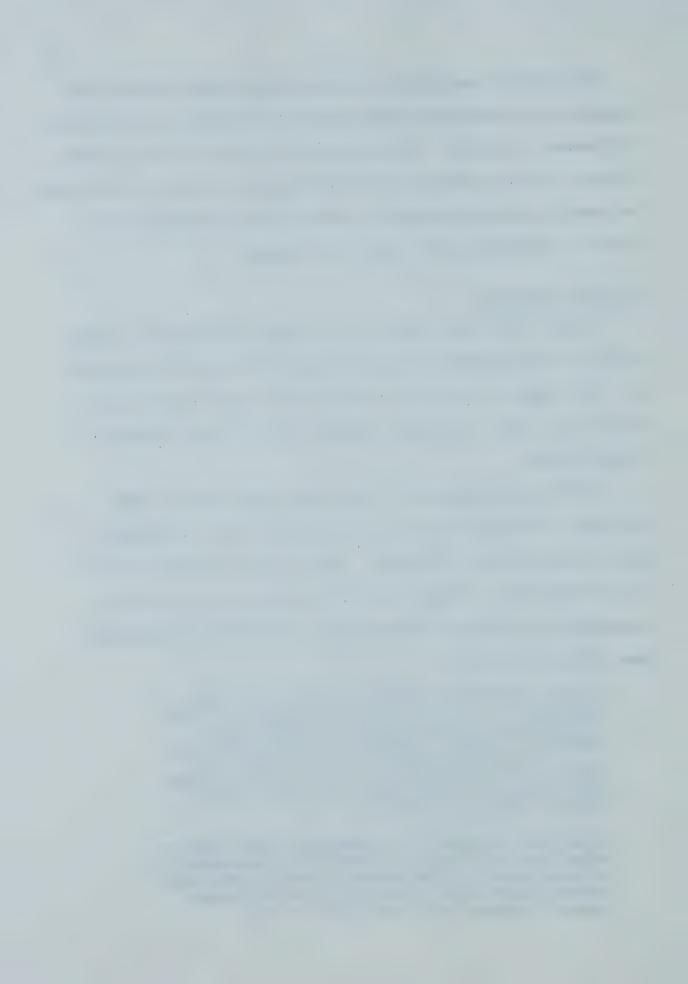
The aging homosexual

Erikson (1959) views aging as a time when the individual reflects upon his life and becomes increasingly aware of the fulfilled parts of it. This stage of life can be a stressful time since loved ones and friends die, family involvement decreases, and ill health becomes a serious concern.

For the aging homosexual, life has been described as a lonely existence, of painful depression and resentment for a life without meaning and emotional fulfillment. This has been attributed to the lack of homosexual commitment and legal sanctions which gives some permanence to heterosexual relationships. The following two comments make this position clear:

To many, including the homosexual colony, the aging homosexual is an object of scorn and derision. Though his loneliness is often abject, he seldom arouses sympathy or interest, unless he has money or influence . . . the aging homosexual is usually his own worst problem, so desperately lonely and frightened at times, that he frantically beats the walls in his anguish. (Stearn, 1961, pp. 201-202)

It has been said that as the homosexual grows older, he often finds it difficult to maintain his involvement with many aspects of the homosexual world, where youthfulness appears to be a sine qua non for sociosexual success. (Weinberg & Williams, 1974, p. 216)



In contrast, other writers (Gagnon & Simon, 1973; Bell, 1974a; Francher & Henkin, 1973) state that homosexuals face aging better than many heterosexuals. In addition, the suicidal tendencies, depression and loneliness are not clearly and solely identified with gender preference, but are common in both male and female heterosexuals who have lost a spouse or who are single or divorced. In general, older homosexuals are less involved in the homosexual world. His lifestyle becomes that of the quiet suburban existence; his social activity is restricted to close friends.

Weinberg and Williams' (1974) data indicated no age-related differences in anxiety, depression or loneliness. On the contrary, in some respects older homosexuals have greater well-being, are more self-accepting and generally happier than younger homosexuals. They worry less about exposure of their homosexuality, have more stable self-concepts, and are less effeminate. The older homosexual is less active sexually, partly because of a diminishing need for sexual gratification. It may also be related either to the phenomenon of the homosexual community, which places great status on youthfulness, or to a change in the "gay" subculture over the past thirty years.

Child molesting

A number of approaches to this topic reflect the personal biases of writers, based upon the misinformation that homosexuals frequently molest children.

Ullerstam (1966) reacted against this stereotyping in emotive terms when commenting upon the horrifying oppression and mental torment suffered by homosexuals who are categorized unfairly as seducers of little children.



Other writers (Bell, 1974a; Cullinan, 1973; Norton, 1975) point out that most homosexuals prefer adult relationships and the attraction towards children is no greater for homosexuals than for heterosexuals.

The homosexual community has a strong pervasive attitude against attempts to involve minors in homosexual encounters. This position is exemplified by the following comment:

Students strongly objected to the stereotypic association of homosexuals with child and youth molesters, and many were prepared to villify any homosexual who would violate the age norms and risk confirmation of the stereotype. (Nuehring et al., 1974, p. 67)

While child molesting and/or sexual attraction towards children may be a minority position, the evidence that this sexual preference occurs is clear by the availability of magazines such as <u>Boy</u> and <u>Life-Boy</u>.

To this point, the discussion has focused briefly upon two areas in which a lack of understanding and information have led to homosexual stereotyping. The following section deals with the needs of the homosexual and the attitudes and knowledge of the counsellor toward homosexuality.

Psychological Exigencies

Introduction

Burnham (1973) traced homosexuality in the medical literature from the 19th century. He indicated that physicians were slow to become conscious of the social, neurological and psychological implications of homosexual behavior, largely due to the infrequency of homosexual "acting-out" which was outside courts or clinics. "Healthy" homosexual communities were unknown. Homosexuality became visible in North America



as a consequence of the growth of organizations such as One and the Mattachine Society in the early 1960's, and the Stonewell Riots of 1969, the Great Christopher Street Parade, and the foundation in San Francisco of the Gay Liberation Movement (Killinger, 1971).

With the upsurge in homosexual obviousness came the volumes written by homosexuals and homophiles (Altman, 1971; Bell, 1974a; Benson, 1965; Churchill, 1967; Clarke & Nichols, 1972; Fisher, 1972; Hoffman, 1968; Hyde, 1970; Jay & Young, 1972; Miller, 1971; Murphy, 1971; Perry & Lucas, 1972; Teal, 1971; Tyler, 1972). Plays and films such as Midnight Cowboy, The Boys in the Band, Butley, and Dog Day Afternoon also drew attention to some psychological stresses experienced by homosexuals due to homophobia (the repulsion expressed by heterosexuals for shows of affection and intimacy between members of the same sex), and the consequences of the culture's attitude towards them.

Homosexuality and counselling approaches

Many writers (Arbuckle, 1965; McGowan & Schmidt, 1962; Wrenn, 1957) have commented that the attitudes of clinicians are critical to the development of a positive counselling relationship. If the therapist uses a medical model in which homosexuality is seen as an illness, he may direct his efforts towards curing the client's homosexuality.

Behavior therapy approaches towards homosexuality have been used widely with varying degrees of success (Feldman & MacCullock, 1965; Hanson & Adesso, 1972; Kohlenberg, 1974; LoPiccolo et al., 1972; Wolpe, 1969). The efficacy of "curing" homosexuality was discussed by Lazarus (1971). He stated that such an approach towards homosexuality is a



betrayal of the nonpersonalistic attitude which may be less helpful than the personalistic attitude emphasizing the uniqueness of the individual.

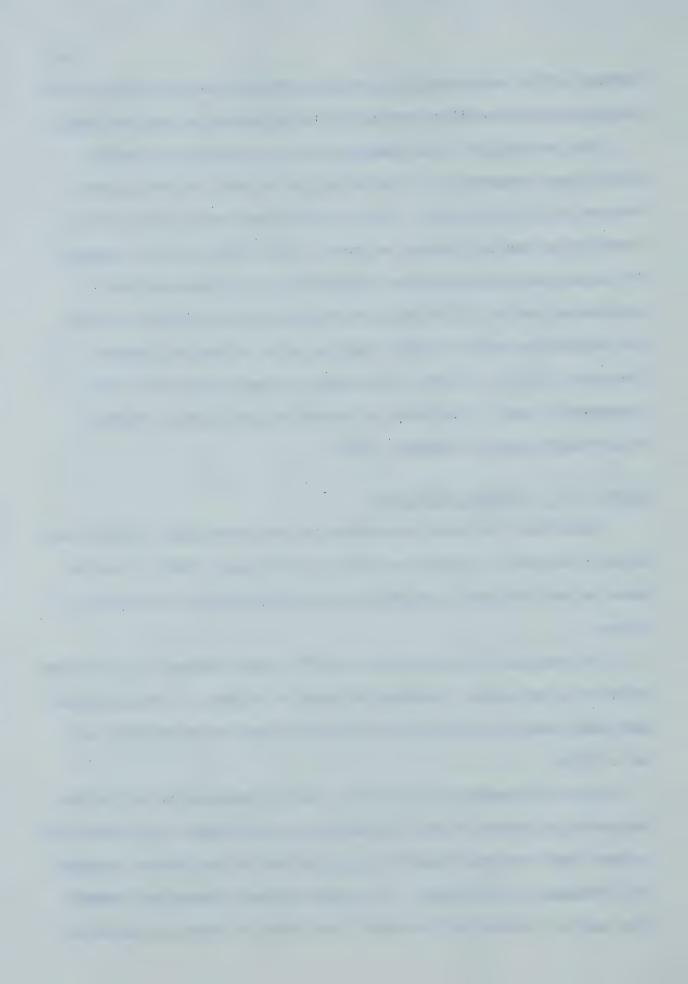
The therapist who views homosexuality as a variation of sexual practice may concentrate on alleviating the distress and the specific concerns of the individual. Such an approach may focus on the client's inability to cope with social or sexual issues (career choice, reducing the anxiety associated with the overlapping of the homosexual and heterosexual worlds, alleviating the frustration of societal pressures, the reduction of guilt) without imposing social values or standards (Hatterer, 1971a). A further thrust may be towards reduction of the homosexual's sense of isolation and minimizing the client's feelings of self-worthlessness (Righton, 1973).

Counsellors' attitudes and values

Counsellors' attitudes are moulded by both professional training and orientation, and by cultural and social values (Secor, 1969). They are based on the individual's assumptions and understanding of the nature of man.

The homosexual has developed a specific understanding of <u>his</u> position relative to the values, standards and mores of society. He may also have some understanding of the nature of man based upon his orientation and way of life.

May (1974) examined the attitudes towards homosexuality and beliefs concerning the nature of man of homosexuals, psychologists and counsellors. He found that homosexual behavior per se may not be the critical variable in a therapeutic relationship. He stated that one's homosexual orientation need not isolate the individual from others or create an exclusive



category, with observable characteristics. The interaction between a homosexual and a counsellor is influenced by the counsellor's view that the person is capable of controlling his behavior and therefore the therapeutic outcome. Homosexuals are similar to each other but not altogether different from heterosexuals. May (1974) summarizes this position with the following comment:

The absence of significant differences in beliefs about evaluative dimensions of human nature may be considered part of the trend in data which implies that sexual preference - either homosexual or heterosexual - is a less important variable in accounting for some aspects of human nature. (p. 21)

If the homosexual is in therapy with a psychologist, the interaction is influenced by more philosophical issues: the neutrality of beliefs regarding the goodness or badness of human nature, and by the psychologist's relatively unfavorable, stereotypic view of homosexuality.

May (1974) concluded that the outcome of therapy for each type of interaction - counsellor/homosexual or psychologist/homosexual - is a matter of interesting speculation. He stressed that homosexual behavior as such is no more a reason for therapy than is heterosexual behavior.

Psychiatric organizations are moving towards acceptance of the homosexual. The American Psychiatric Association amended the diagnostic categorization of homosexuality from neurosis to sexual variation and the Federal Council of Australia and New Zealand College of Psychiatrists in a recent announcement condemned discrimination against homosexuals (Barr et al., 1974). One reason supporting this position was the ineffectiveness of treatment when unfavorable attitudes existed. Barr et al. (1974) commented that some psychiatrists only offer treatment if the individual seems motivated to reduce his homosexual behavior.



Hands et al. (1974) studied counsellor levels of facilitation offered to normal, moral-anticipated, and moral-completed statements. They found that counsellors were more facilitative when they responded to nonmoral rather than moral statements. They suggested that moral value judgments are not related to facilitation, for it is possible to separate values from counsellor behaviors such as empathic understanding, positive regard, genuineness and directness. The Group for the Advancement of Psychiatry (1974), however, stressed the importance of exploring the dimensions of clinicians' attutides to homosexuality since personal ambivalence may interfere with the counselling process.

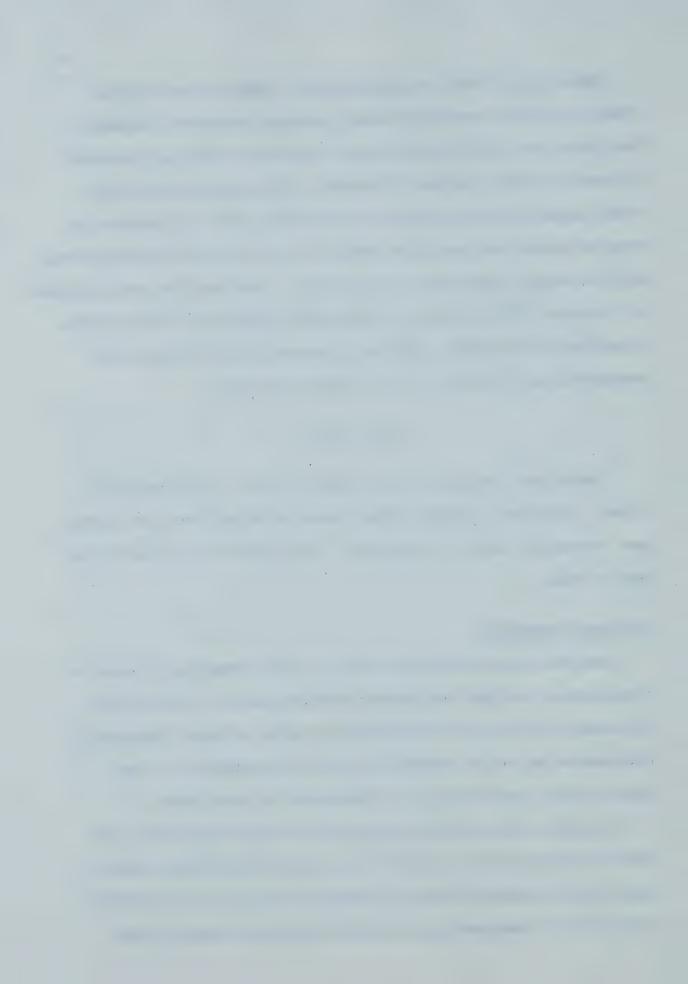
Other Issues

Counsellors' attitudes are of primary concern to the homosexual client. There are a number of other issues which may have some bearing upon therapeutic goals and approaches. This section is a commentary on some of these.

The covert homosexual

When the covert homosexual enters the "gay" community in search of a sex partner, he faces the greatest risk of exposure. At this time, he becomes affiliated with the homosexual world, and acts "homosexually". His behavior may not be observable, but by his presence in a "gay cruising area", bar or club, he is homosexual by association.

By virtue of his minimal contact with the "gay" subculture, the covert homosexual does not benefit from social and emotional support. While fear of exposure limits his homosexual social life, it also acts to inhibit him from seeking professional guidance in times of need.



Employment

Many homosexuals do not take advantage of professional vocational planning. Canon (1973), Gagnon and Simon (1973) and Norton (1973) draw attention to the difficulties faced by many young homosexuals when seeking employment. Their greatest concern is fear of forced resignation if exposed. Gagnon and Simon (1973) commented that for those in some occupations, disclosure would clearly be a disaster.

Recently, the fear of public reprisals has been of less concern to some politicians, ministers, sporting personalities, and other public figures who have disclosed their homosexuality. The extent to which their lives have changed as a result of their actions has not yet been documented.

Lesnoff and Nestley (1967) raised the issue of homosexual employment and noted a number of drawbacks. Their Canadian study commented upon occupations which have traditionally accepted homosexual association. The extent to which homosexuality is tolerated determines the mode of evasion chosen by the homosexual.

The family and disclosure of homosexuality

Fear of exposure is also experienced by many who avoid disclosing their homosexuality to their family. Informing one's parents has occupied the thoughts of most homosexuals. Often the task is difficult but of importance (Weinberg, 1972). Parental reactions vary considerably, as evidenced in a quote by Norton (1975):

Opinions vary as to the degree of trauma young people receive upon telling their parents, and how much patient educating they must do. From "don't tell your sister, she might lose the baby" to an invitation from an



ex-mother-in-law to a lesbian to come for lunch with her lover; from "my lawyer will tell you I'm dead two days after my funeral" to "how nice, I've been a lesbian for years". Such a range of reactions clearly leaves most of the young gays inbetween. (p. 3)

The counsellor's role in aiding or guiding the homosexual's disclosure to family is one aspect avoided by many practitioners. Norton (1975) commented that counsellors may do more than just say, "Don't worry about it". They can reassure the client that many "gays" have found parents and peers surprisingly acceptant. Weinberg (1972) offers many suggestions of ways in which a homosexual can approach the topic with parents.

Referral to a homosexual organization

The counsellor's task in many situations is to: act as educator, assist the client to establish ways of coping with his position or relationships, or draw the client's attention to ways in which others cope with their homosexuality. If the clinician feels uncomfortable, he may refer his client to a homophile organization. A number of writers have suggested this as an effective counselling action (Ivey, 1972; Norton, 1973; Nuehring et al., 1974).

In contrast, Gadpaille (1973b) stressed the danger of such a move. He explained that although homosexuals have been prejudiced by society for a long time, Gay Liberation Organizations should not be used as referral agencies because they are the crusaders for equal rights, and therefore are not concerned with the psychological well-being of specific individuals. His comments convey his position on this matter:

. . . crusaders are seldom models of objectivity; they are often more dedicated to propaganda and persuasion



than fact... Most vehement gay liberationists seem to believe that in order to achieve equal human status they must also deny psychosexual dysfunction. (p. 33)

Counsellors' knowledge of homosexuality

Many practitioners have only rudimentary knowledge of homosexuality and "gay" lifestyles. A number of writers have stated that many clinicians are ill-equipped to counsel homosexuals and that clinicians should gain at least a background knowledge of human sexual development and the sociopsychological factors involved (Cotton, 1973; Nuehring et al., 1974; Righton, 1973; Schiller, 1973).

According to Levitt and Klassen (1973), the development of prejudice is based upon misinformation and inadequate sex education. As a result, the homosexual is often placed in the position of "teacher" at a time when he has little energy and tolerance for the counsellor's lack of understanding.

Professionals sometimes reduce the importance of homosexual feelings when young people are involved. Ivey (1972) reported that homosexuals see this approach of clinicians as "outrageous", for they cannot judge the temporary or permanent nature of the disposition if they minimize the importance of these feelings in the client's life.

Becoming informed

The Group for the Advancement of Psychiatry (1974) recommended that clinicians gain background knowledge from as many sources as possible. They suggested that practitioners be widely read and should not hesitate about approaching Gay Liberation Organizations for information. Norton (1975) also stressed the need for familiarity with "gay" literature and



lists books and publications which give "good information" (p. 8).

Others (Killinger, 1971; Ivey, 1972; Canon, 1973) stress the importance of seeking out, and making contact with, homosexual organizations and individuals. Canon's (1973) comment clarifies this position:

If the career counselor is to be effective in assisting gays, he will probably have to seek them out. Homophiles are generally suspicious of members of the counseling fraternity and with some justification. All but a few of us have been professionally raised on the premise that homosexuality is a form of mental illness. Understandably enough, gays will avoid professionals inclined to accept that clinical point of view. (p. 184)

Contact with the "gay" community has a number of advantages, not the least of these is familiarization with the jargon.

Hamersma (1973), in an article which deals with counsellor education, stressed the importance, during counsellor training, of learning the lexicon of the various groups with which the counsellor deals. He stated:

If no attempt is made to become familiar with at least some of these words and their meanings, it is likely that little communication will take place and thus these people will not be helped. (p. 185)

If the clinician views his development as a dynamic process, then an understanding of the homosexual world is part of education. Hamersma (1973) urged that counsellors should use other than the traditional textbooks and approaches in learning to understand and to communicate.

Conclusion

Homosexuality is a multifaceted way of life which draws men together from widely differing family backgrounds, ages, personalities and preferences in sexual partners. The variation found in the homosexual community is little more than would be expected from a random sample of



backgrounds, ages and personalities found in any North American population. The only difference lies in the former group's sexual orientation.

Society has applied pressure on the homosexual for hundreds of years. The effect of prejudice and repression for many homosexuals has been an anxiety-producing fear: a fear of exposure as homosexual, and a fear of opprophrium and prejudice.

In recent years homosexuals have formed organizations which have fought for acceptance and civil liberties. Many of these organizations provide for the social, mental health and political needs of the homosexual.

The counsellor, psychologist and the private psychological practitioner have largely remained silent throughout the debate. Many practitioners seem to avoid the issue because they are ignorant of the needs, behaviors and lifestyles of the homosexual.

The study reported hereafter was an attempt to compare the homosexual described in the literature with the reality of the homosexual, his world and his perception of it in Edmonton, Alberta.



CHAPTER V

METHOD

Contact was made with groups of homosexuals in the Edmonton area.

Meetings were arranged in which participants were invited to respond to eighty-eight questionnaire items which related to homosexual behavior, lifestyles, counsellor intervention, and understanding of homosexuality.

Data were pooled from the responses made to these items, and from anecdotal material presented during group discussions.

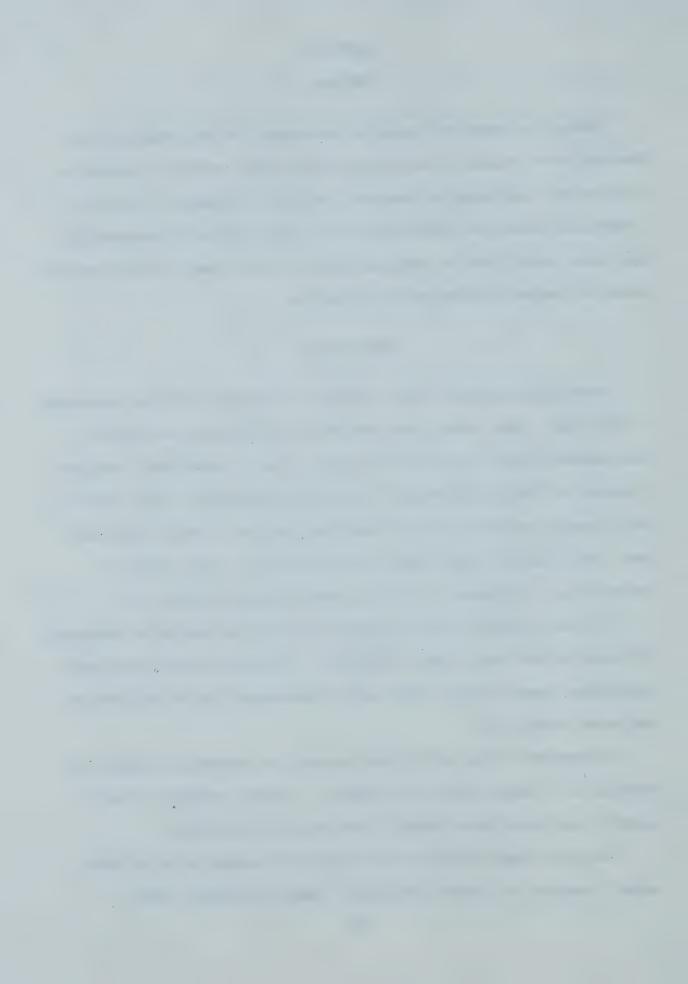
Participants

Forty-nine homosexual male residents of Edmonton were the respondents in the study. Ages ranged from eighteen to thirty-nine; the majority were between twenty and twenty-five years of age. Respondents came from a variety of family backgrounds, including single-parent homes, homes in which parents were divorced and remarried, families in which there was very little conflict, and those in which there was a high degree of instability. The number of siblings varied between zero and six.

All participants stated that they were living an exclusive homosexual lifestyle at the time of data collection. The majority had heterosexual experience, some to orgasm; four had no heterosexual coital activity and had never dated a girl.

Occupations of the participants ranged from university students to director of a large construction company. Two were employed as social workers, and the balance covered a wide range of occupations.

The participants varied in their degree of contact with the homosexual community of Edmonton from total immersion (contact almost



exclusively with homosexuals) to minimal involvement (the paradigm of the covert homosexual). Although structured collection of demographic data was not attempted due to the nature of the groups, Appendix I lists the questions upon which information was collected.

The Questionnaire

From a review of the literature, 120 pieces of information were written into test items of a "true-false" and "multiple choice" format. The items avoided issues which would call for value judgments or interpretation. It was designed as a test of knowledge of, rather than attitudes towards, homosexuality.

The complete questionnaire was administered to a group of ten graduate students in the Department of Educational Psychology at the University of Alberta. Ambiguous and redundant items were discarded. The final draft consisted of eight-eight items (sixty-one required either a "true" or "false" response; twenty-seven items asked respondents to choose one of five alternatives). A copy of the questionnaire is found in Appendix II.

Procedure

Contact with the participants was made through a "chain" process.

Acquaintances of the writer approached homosexual friends and invited their participation in the study. These homosexuals contacted the researcher and were asked to gather a group of friends willing to assist in the project.

Group meetings were held in one participant's house or apartment.



Attendance at these meetings varied between five and nine persons.

Data was collected during the informal discussions which lasted from two-and-one-half to four hours.

When participants had gathered, the researcher outlined the rationale for the study, similar to the statement which follows:

I have developed a questionnaire which is directed towards the members of the helping profession (i.e., psychologists, counsellors and psychological private practitioners).

Through a reading of the literature it has become clear that counsellors and their colleagues are seen by homosexuals as their worst enemies. This seems to be largely due to the helping profession's lack of understanding about homosexuality.

This questionnaire has been drawn up from pieces of information gathered from the literature. I have a scoring key for the various items - that is, I have answers which I believe (from my reading of the literature) are correct. However, I want to avoid sending this questionnaire off to psychologists and counsellors if some of the answers I have are wrong, or if they are not true for the Edmonton community. This is possible because most of the data on homosexuality is based on U.S. samples and I expect that some regional variations exist.

I need your help to tell me: (1) if you can't understand what the items ask, (2) how they can be changed so that they are more clear, (3) what the right answers are for the Edmonton community, and (4) how important the various items are; that is, do you think counsellors should know this piece of information before they are qualified to see homosexual clients? If you have any comments on the various items, I would also welcome them.

I would like us to approach the questionnaire item by item, as a group. First, I will ask you to mark on the form what you believe is the correct answer to question "n". Then I will go around the group and see if we have consensus. If you don't understand the question at that time, please say so.

During the introduction to the first group, the researcher was asked to explain his interest in homosexuality. The explanation given was included in the introduction to all groups which followed.



Each item on the questionnaire was treated individually. Each participant was asked to mark what he believed to be the correct answer to each item. The group was then asked to interpret the question. The researcher then clarified the intent of the item if it was unclear. When disagreements between members of the group occurred, they were asked to express their opinions.

This process was repeated for each item. When the responses had been collected on all items, the researcher asked the group to suggest additions.

Response Analysis

From the anecdotal notations made by the researcher and from $\underline{R}s'$ written comments on the questionnaire, an interpretative collage of experiences and ideas was composed. This was related to specific questionnaire items and to the distribution of responses. The written and verbal responses to the questionnaire are summarized in the following chapter.



CHAPTER VI RESULTS

The interactions between the researcher and the participants were lively in every group. Initially, members asked for clarification of the researcher's reasons for his interest in homosexuality, his knowledge of the area, his sexual orientation, and consequently his attitude towards homosexuals. Once clarified, the groups appeared to be more at ease and more amenable to approaching the document. In general, these initial discussions lasted for approximately a half-hour.

Some members commented that an item descriptor was totally wrong (indicating that the "false" alternative was the correct response).

About midway through the sessions, all groups had stabilized a positive attitude towards participation in the discussions and respondants often related personal experiences. In no group were there members who remained silent for any significant time.

Response from the Local Community

Responses to the questionnaire varied greatly. To some items there was unanimous agreement; to other items there was disagreement, both between and within the groups. This section deals with the responses by the total sample; that is, responses from all forty-nine individuals are summarized for all items.



The results are descriptive rather than statistical due to the wide variation and the emphasis upon anecdotal material. Results will be set out in the same sequence as in the review of the literature. The summary of responses is grouped under several headings. Each heading describes an aspect of homosexual behavior, lifestyle, or a counsellor variable. Numbers following headings refer to specific items in the questionnaire.

Identification of homosexuals (Items 7.2, 11.3, 5.2)

Most respondents (Rs) indicated that they were not aware of any physiological or psychometric differences between homosexuals and heterosexuals. Two Rs suggested that if they did exist, the more feminine homosexuals would probably show the greatest differences. From a behavioral viewpoint, Rs agreed that flamboyant homosexuals left themselves open to identification. They did, however, state that few heterosexuals would be certain of identification unless told by the person concerned.

Mental stability and coping (Items 95.7, 104.7)

Discussion centered around the etiology of "nervous breakdowns".

Many Rs thought that people (especially counsellors) assume that this state is caused by one's homosexuality rather than by other "normal" social pressures. Most stated that the per capita percentage of "breakdowns" for homosexuals was no greater than for heterosexuals. Most



agreed that more homosexuals may experience "neurotic depression" than heterosexuals, perhaps up to 40 percent of homosexuals. However, there was unanimous agreement that heterosexuals do not necessarily handle nonsexual, everyday situations any better than homosexuals.

Population statistics (Items 2.1, 9.2)

Rs estimated the population percentage of homosexual males to be as high as 13 percent. Some suggested that 3 to 6 percent would be an accurate estimate, while in certain cities (such as Vancouver) the figure might be higher.

Rs vehemently disagreed with Mitchell's (1973) figure of the incidence of homosexuality in high school (that is, 35 percent). Most stated that when at high school, they rarely encountered more than one or two other homosexuals. They stated that the proscriptions against homosexuality were severe, so that a figure of less than 5 percent would be more realistic.

<u>Lexicon</u> (Items 12.0, 29.4, 33.5, 64.6, 112.7, 200.14)

Rs were undecided about the exact meaning of "gay". They agreed that "gay" was a preferred term, as "homosexual" has clinical associations. Most Rs were confused by the items related to jargon. They stated that terminology varied considerably from that of the United States. "Tricking" replaced "turning a trick", and "trade" was rarely used. "Passing" was unknown, as was "radical drag". The term "cruising" was used frequently.



Laws and law enforcement (Items 19.4, 141.7, 142.7)

Few Rs chose the correct alternative in the question related to the Canadian Criminal Code. Most indicated that eighteen years was the legal age for sexual relations between two consenting adults. Rs were unaware that no specific law related to sodomy, but indicated that homosexuals were not charged under that law. If police wished to prosecute, there were many other laws which could be evoked. Rs reported that police in Edmonton were, in general, unconcerned about the homosexual community and did not practise entrapment.

Youth and "coming out" (Items 4.2, 11.7, 211.16)

There was consensus that homosexual practice during adolescence did not necessarily lead to a lifetime homosexual orientation. Homosexuals "come out" at various times in their lives, some during their teenage years, others in their late twenties. All were aware of their difference at an early age, often around eleven, but tried to convince themselves that they were not homosexual. They played heterosexual roles, experienced heterosexual relationships, but accepted their homosexuality between eighteen and twenty-five years. At the time of "coming out", most young homosexuals act effeminately. Once they consolidate their place in the "gay" community, this characteristic diminishes in many.

Sex partners (Items 27.4, 39.5, 41.5, 65.6, 69.6, 131.7, 175.9, 181.12, 182.12, 191.14, 193.14)

There was some disagreement between $\underline{R}s$ regarding the process of "dating". Many considered that homosexual and heterosexual "dating"



was different. The former commences with an explicit desire for sexual gratification which is redirected towards friendship (the reverse of the heterosexual courting process). Other Rs suggested that some homosexuals expect a similar courting procedure to that which is most often followed by heterosexuals.

Rs were adamant that finding a lover is not assured by attending "cruising" areas. The "gay bar" was seen as the best place to "cruise", but some comments implied increased respectability when sexual contacts were obtained away from the community. As individuals are often attracted towards others with specific characteristics (such as hair color), finding two men with co-operative likes and dislikes is a problem. For this reason, it is unlikely that a homosexual would proposition a known (obvious) heterosexual. A number of Rs commented, "We do have morals!" Yet a majority indicated that if they were attracted to someone suspected of being "straight", they would use caution in approach, especially if the stranger became aggressive.

Sexual relations between racial and ethnic groups was given little consideration. Rs thought the social inhibitions were less rigid in the homosexual community; however, little contact is made with negro or other racial or ethnic groups in Edmonton.

The "gay bar" is not solely a place for "cruising". Rs stressed that they visit the bar to have fun and "be themselves". "Cruising" does occur, but it is of lesser social importance. The bar is generally frequented by younger people in Edmonton. Other cities have "gay" establishments which are oriented specifically towards older homosexuals.

Prostitution received summary dismissal. Rs indicated that



unwarranted emphasis was placed on homosexual prostitution in the questionnaire. All were aware of "hustlers" operating in Edmonton; all had a dislike for them; all indicated that they had never been involved with these people, and stated that they did not like being "hustled".

Frequency of sex (Items 27.4, 229.18)

Rs were undecided about the number of contacts a homosexual may have in a lifetime. A number of the younger respondents indicated that they were probably close to 1,000 at age twenty-five. Others indicated involvement with fewer than ten partners. A majority of Rs were displeased at labelling which referred to "typical" or "average" homosexuals, a reaction to several item descriptors.

Group sex encounters were a matter of personal preference. Only two $\underline{R}s$ admitted to group experiences. Most $\underline{R}s$ stressed the private nature of sexual activities and were not inclined to make sex public.

Sexual practices (Items 88.7, 91.7, 106.7, 152.8, 170.10, 171.10, 180.12, 220.18)

Rs indicated that few homosexuals know how to satisfy their sex partners. The general comment was, "You'd think so, but it's not always the case". Most Rs agreed that fellation, anal penetration and mutual masturbation were commonly accepted practices. At least half the Rs indicated that they avoided anal intercourse.

Rs stated that little discussion occurs when homosexuals are engaged in sexual activities. Minimal verbal interaction is the norm.

Rs expressed consensus that "tricking" situations were characterized by few verbal interchanges between participants. Verbal agreement or



acceptance of contact was implicit. In many situations there is a "stand off" whereby each homosexual waits for the other to initiate action. Very little biographical material is exchanged before the sexual activity. Instead, it occurs after the event or over coffee and cigarettes.

Not one of the \underline{R} s indicated that he had engaged in public washroom activities and items relating to such experiences were not considered important.

Older homosexuals (Items 17.3, 70.6, 121.7)

Most $\underline{R}s$ supported the opinion that old homosexuals were depressed and lonely. A small number of $\underline{R}s$, however, thought that older men were in a better position than was indicated by some questionnaire items. Most believed that any adjustment difficulties experienced were related to their sexual inactivity, for while young males do seek out slightly older people for experience, they were unlikely to seek intercourse with a man past his fiftieth year.

Being obviously homosexual (Items 97.7, 101.7, 128.7, 134.7)

Rs were not in agreement about the positive or negative aspects of being recognized as homosexual. Some indicated that many homosexuals were secretive with "straights" but not with "gays". Others stressed that they "didn't want the whole world to know" they were homosexual, especially if they were trying to appear heterosexual in social dealings and employment situations. Three Rs thought that few homosexuals avoided the "public gay" in Edmonton; however, other members contradicted this position,



stating that they would cross the street if there was a possibility of meeting one or two known homosexuals.

Most Rs considered that people with a public reputation (teachers, politicians and sportsmen) were in the most awkward position if exposed as homosexual. Rs stated that young people living at home are frequently sensitive to this issue, though often their concern is minimized once they leave home.

Friends (Items 44.5, 62.6, 63.6, 109.7)

Considerable discussion focused on friendship. All $\underline{R}s$ indicated that their circle of first-order friends had varied sexual orientations. At least half of the $\underline{R}s$ had one friend who was heterosexual.

Rs agreed unanimously that close friends were rarely lovers, but met as a result of a sexual relationship. Rs confirmed that friends were their lovers at one time.

The contact and the characteristics of a friendship between homosexuals is similar to heterosexual friendship, especially if those involved are single, and between eighteen and thirty years of age.

Residence (Items 36.5, 37.5, 43.5, 53.6, 167.9, 167.10)

Most Rs viewed as the ideal cohabitation with one's lover in a relationship which is viewed as long-term, with no sex-role differentiation, and with whom one can share the cost of housekeeping. The fulfillment of these conditions was an infrequent occurrence as compatibility between those involved was rarely satisfactory. Seven of the forty-nine Rs were living with their lovers. All participants stated that at one time they



had lived in most situations; that is, with a heterosexual friend, a homosexual friend, with siblings or relations, but most commonly by one's self.

Rs reported that homosexuals leave their family home to avoid personally embarrassing situations, and parental unhapiness. Rs reflected that it would be unacceptable to take one's lover home to "meet the folks". Commonly, when the homosexual moves away from home, he finds accommodation in the highrise areas close to downtown Edmonton, roughly defined by Bellamy Hill, 99 Avenue, 124 Street and 104 Avenue.

The homosexual and his relationship with the "gay" community (Items 22.4, 39.5, 40.5, 50.5, 83.7, 115.7, 174.11, 190.14, 198.14, 199.14)

"Homosexuals have a need for companionship and affiliation with people who are the same kind." Rs agreed that many homosexuals would be very lonely without people to whom they could relate. Rs insisted that heterosexuals cannot offer the emotional support and understanding required. Nearly all Rs felt uncomfortable in predominately heterosexual social setting such as office parties.

Rs indicated that transvestites and transsexuals were not seen to be part of the homosexual community. They generally have little contact with the "gay" community.

Rs concurred that entering the homosexual community was generally difficult, especially for younger homosexuals who are sensitive to exposure. Six Rs, all members of the Edmonton Gay Alliance Towards Equality (GATE), suggested that the homosexual community will be easier to enter once it becomes more open. Others drew attention to the



"peripheral people" (covert homosexuals), suggesting that those who wish to remain outside and "trick around" will find it difficult to maintain an association with the community since their contacts will be limited.

In addition to offering emotional support, the "gay" community acts as a "clearinghouse" of information for homosexuals. Members of GATE declared that "important" political information is infrequently passed, but gossip is exchanged very quickly. An individual who has contracted venereal disease would be identified throughout the community in less than a week. Rs agreed that those in more frequent contact with other homosexuals gained significantly more information than those who were not. This social contact and the affiliation associated with it keeps the community together. Most Rs reported that the cohesiveness of the homosexual community was much the same as the ethos of heterosexual society; they reacted strongly against the suggestion that sexual aspects draw the community together.

Use of drugs (Item 195.14)

Rs unanimously agreed that the use of drugs designed to enhance orgasm in the Edmonton community is minimal. Most were aware that specific drugs were available, but none had used them. Rs indicated that marijuana is used by many homosexuals, although alcohol and cigarettes are the more commonly used drugs. The extent of their use, however, may not significantly differ from the use of these drugs by single, heterosexual males of a comparable age.



Attitude of counsellors (Items 16.3, 204.15)

Participants agreed that counsellors, psychologists and psychiatrists had little contact with homosexuals and little understanding of homosexual needs. A majority of Rs thought that face-to-face discussions with psychologists would improve the clinicians' understanding and would "show them that many of us are quite normal people". Rs grouped helping professionals together without differentiating between training or orientation, and without considering individual differences in attitude.

Counsellors' sensitivity to "gay" needs (Items 10.3, 12.3, 34.5, 100.7, 136.7, 164.9, 206.16)

Young homosexuals seek counselling before they have become involved in the homosexual community. Rs also stated that counsellors unnecessarily emphasize the sexual aspect of homosexuality. Hence, they disregard the many issues which may have led the client to counselling.

Generally, if one has accepted his homosexuality, he will have few concerns or guilt. However, those who have not "come out" often feel guilty about their behavior and may benefit from professional assistance.

Rs agreed that one's reasons for entering counselling need not be related to sexual orientation.

Homosexuals' needs vary with age. The young "gay" is concerned about broaching his homosexuality with parents. Rs discussed the ways in which they have exposed their orientation to parents. Most agreed it was important that parents be informed. The majority reported that their families thought it was most unfortunate, but as time progressed, parents and other siblings became more accepting. Few parents, however, have shown interest in the homosexual lifestyle.



Employment and job security is important to homosexuals, as few have the opportunity to choose employment as carefully as they would like, and move from job to job with little direction or objective.

Later in life, one may be more concerned with approaching old age, rather than parental attitudes or employment.

Collecting information about homosexuality (Items 15.3, 25.4, 81.7)

Rs stressed that homosexual organizations and individuals were generally pleased to discuss homosexuality with clinicians. Rs stated that not all homosexuals were vehement liberationalists and that counsellors would obtain different perspectives from nonradical and/or "well-adjusted gays". There was consensus among Rs that any one approach adopted by a counsellor to gain information would not give a total perspective. Reading and talking with "gays" would help. Facetiously, some Rs suggested "the best way to learn would be to become gay".

In the counselling relationship (Items 53.5, 155.8)

Most Rs thought it essential for clinicians to establish the extent of: (1) the client's involvement in the homosexual community, and (2) his sexual frequency. The greatest danger would arise from the counsellor's assumption that all personal or social difficulties resulted from one's homosexuality: "This just isn't true!" The person most intolerable to homosexuals is the counsellor who is unable to handle homosexuality or who knows little about the topic.



Referrals to "gay" organizations (Items 79.7, 212.16, 215.16)

Rs were hesitant to suggest direct referrals to "gay" organizations. Discussants thought that referrals would depend upon the organization and facilities available. In Edmonton, Rs spoke positively about GATE. In other cities, referral would depend upon the militancy of the group and its orientation (that is, the social, political or counselling orientation). Regardless, Rs agreed that counselling was not an end in itself. Homosexuals should move out and "mix with their kind". A clinician may help. One R said that if counselling was not the solution, "that doesn't say much for counselling, does it?"



CHAPTER VII

DISCUSSION

There were two major limitations in this study: the size and nature of the sample, and the idiosyncratic quality of the \underline{R} s' views. Each limitation deserves some attention and discussion.

Size and Nature of the Sample

The difficulty in sampling the homosexual population becomes evident when one attempts to include covert individuals. The present study was somewhat limited in that only five of the forty-nine \underline{R} s classified themselves as covert homosexuals, willing to participate in an exercise which may have led to exposure.

Although only five covert individuals responded to the questionnaire, the sample did include other individuals from widely differing cliques within the community. One group was drawn from members of GATE; another was obvious and flamboyant homosexuals who were closely associated with the community; a further group had only minimal contact with "gay" establishments; still a further group contained four of the covert homosexuals.

The diversity of the groups may be further exemplified. Although the homosexual sample was derived largely through a chain method, there was only one occasion in which a participant appeared at a second group meeting. This person did not participate in the second session, and the group organizers later reported that all participatns who were asked had attended.



The sampling technique appeared successful in drawing from distinctly different groups within the community. However, other cliques not sampled may have presented additional unique positions which may have added further to the understanding of the Edmonton population.

Idiosyncratic Viewpoint of the Respondents

An advantage (and concurrently a limitation) is that the discussants have been, through their contact with the "gay" community, able to make social judgments about their peers and their practices. Nuchring and Fein (1974) have commented upon this situation:

Gays in the community observe one another pursuing the mundane, as well as the "exotic" aspects of their lives, and this enables the individuals to note that they and their fellow gays, in many respects, are quite like other ordinary people. This degree of normalizing information is a second type of social knowledge those not in the gay group are deprived of, and might be considered a positive implication of having access to "gay" social knowledge. (p. 7)

The individual's understanding of reality is based upon his experiences and the relevance he assigns to them. His orientation (that is, his "gayness") influences both perceptions of reality and his interpretation of perceptions. It is through this interpretation and re-interpretation of social experience that the individual constructs his reality.

Interpretation by <u>Rs</u> in this instance may have been a source of bias in data collection. However, the involvement by all group members in discussions seemed to minimize the dominance of any one respondant. Borgatta and Bales (1953) found experimentally that persons who are naturally low participators are more responsive in groups of low or



medium participators. They find it hard to become active in groups of fast reaction and highly aggressive participators.

In this study, the quality of participation in the homosexual groups may have been unusually high. In most groups, there emerged one or two members who were more vocal, more knowledgeable, or more cynical than the rest. In no group, however, did these dominant persons overpower the others. It is likely that all participants were comfortable and nonthreatened within the setting, familiar with the dispositions, attitudes and opinions of the other discussants, and prepared to disagree with comments made during the meetings.

Significant Issues

One of the most significant issues raised by this study relates to the heterogeneity of homosexuals. Rs frequently questioned the use of "typical" or "average" homosexuals. Discussions which centered around frequency of sexual contact, family backgrounds, relationships with peers and the homosexual community demonstrated the range of individual differences characteristic of a heterogeneous group.

There is considerable support for this in the literature (Bell, 1974a; Bieber & Bieber, 1975; Canon, 1973; Davison, 1976; Foster & Murray, 1972; Freedman, 1971; Gagnon & Simon, 1973; Hooker, 1967, 1969; Marmor, 1969, 1971; Mathews, 1973; Norton, 1973; Simon & Gagnon, 1967; Weinberg & Williams, 1974), and Rs were adamant that there were as many ways of being homosexual as there were of being heterosexual.

In summary, though there appears to be considerable diversity in approach to one's homosexuality, two common factors were consistent



across groups: (1) the sexual preference for males, and (2) the sense of isolation \underline{R} s felt from the larger population. These two commonalities seem to have been the focus of much discussion in the literature and possibly responsible for homosexual stereotyping.

Consistent with the concept of stereotyping is the psychological aspects involved when nonhomosexuals assert broad generalizations to all cases from limited exposure. In this regard, people often discuss the "psychodynamics" of homosexuality. Such approaches have been questioned by Marmor (1969) who asserted that the range of psychological variables associated with homosexuality is neither narrow nor simplistic.

Consider the following statement:

Clinical evidence and observation suggest that it is not possible to delineate any psychodynamics patterns that would fit most homosexuals. There is as wide a spectrum of variation among homosexual personalities as there is among heterosexuals, and their psychiatric diagnoses apart from the homosexual pattern, run the entire gamut of modern nosology. (p. 56)

All-inclusive psychological descriptions of homosexuality are rare. In <u>Homosexuality</u> and psychological functioning (1971), Freedman's apparent objective was the delineation of psychologically-based homosexual characteristics. This does not appear to have been achieved. Freedman did succeed in drawing attention, in a global fashion, to the vastness of the material, but his statements appear in isolation, and are without elaboration or relevant data. This is exemplified by the following:

Homosexuality may at times be merely a means of sexual gratification, but as with heterosexuality it is more involved with needs central to the individual's personality, such as the need for companionship, love and dependency. (p. 15)



Psychological functioning of the homosexually oriented individual is often influenced by one etiological theory or another. (p. 27)

Thus, as long as sex (or any other hygiene factors) does not become an obsession . . . and as long as it is used in conjunction with - rather than to the exclusion of - the self-actualizing factors, then, the individual is psychologically healthy. (p. 44)

It is important to remember that the topic of homosexuality is an emotionally charged one and that it is virtually impossible to be cool, objective and dispassionate about it. (p. 57)

A similar approach is found in DeCecco and Freedman (1974).

It is doubtful that many psychological dimensions would isolate a representative sample of homosexuals from a heterosexual population. If differences are to be found, they are most likely associated with the pressures exerted by the larger society. However, the variation in individuals' abilities to cope with prejudice and discrimination may even then lead to insignificant findings.

It would seem from the results of the present study that the one useful approach to studying homosexuality is a sociological one, viewing the concerns of the homosexual and his reactions as a function of cultural attitude.

Schur (1969) supports this, commenting that: "... it is quite impossible to understand personality development without reference to the impact of key processes of social interaction (original emphasis, p. 31)."

If personality and behavior is determined in part by one's interactions with other members of society, then the individual becomes aware of others' reactions to him, and develops a perception of himself



(his personal identity) which is a reflection of others' assessments. Hence, one's socialization arises from the complex and continuous pattern of interpersonal interactions. One's recognition of others' negative evaluations assists the development of an image of personal deviance relative to the values of society. If this logic is accepted, then an objective personalistic approach, avoiding the negative connotations of deviance, would seem useful.

Changing attitudes

Homosexual variance is somewhat analogous to the "chicken-or-the-egg" question. Is a person deviant because of his behavior, or by association with the deviant subgroup? Becker (1963) supports the latter position, stating that deviation is not a quality of an act, but a consequence of the rules and sanctions imposed by others. He stated: "The deviant is one to whom the label has successfully been applied; the deviant behavior is behavior that people so label (p. 9)."

The nature and character of the homosexual community would probably vary little if social disapproval ceased. The support which homosexuals state is only obtainable <u>from other homosexuals</u> would maintain the separation between the communities. Removal of societal pressures would not be the necessary and sufficient conditions to effect a change in attitudes.

The amelioration of the division between "gay" and "straight"

[Reiss (1966) used the term "sexual renaissance"] may require an extensive campaign, educating not only the heterosexual community, but the homosexual community as well. Towards the heterosexual community



the emphasis might be to normalize homosexuality by modifying the homophobic attitudes described by Weinberg (1972). Effecting such a change might require exposure to the quiet determination of "healthy" or "well-adjusted" homosexuals. Weinberg and Williams (1974) have commented:

Greater openness on the part of an increasing number of homosexuals, however, would have cumulative effects. Homosexually oriented young people would be more likely to have positive homosexual models with which to identify. And, as heterosexuals realize that people they know are homosexual, they are likely to recognize that their stereotypes are distortions and to re-think their views on homosexuality. (p. 208)

The "gay" community may need an awareness of the alienation caused by militancy and flaunting of stereotypic feminine behavior and characteristics: "Camping" behavior and affected vocal characteristics seem the most societally unacceptable behavior. A person has the right to behave as he wishes contingent upon the denial of other people's rights, yet if acceptance by the "straight" community is desired (as it seems to be), change needs consideration by members of both cultures.

In the present study, the groups approached this issue in a confusing manner. They stated that they did not care whether they (as homosexuals) were accepted or not, yet stressed, for all practical purposes, every incident of discrimination and repression which came to mind. The righteousness and vigor of their attacks on heterosexual nonacceptance appeared qualitatively no different from the antipathy and righteousness expressed by homophobic males. When the antagonism was removed, the image projected was positive and realistic.



Self-perception and isolation

During group discussion, <u>Rs</u> expressed concern about the stress involved in approaching one's homosexuality; the confusion and sense of difference recognized before "coming out". Consistent with the literature, <u>Rs</u> agreed that one has a sense of "being different" at some time before eleven years of age. This seemed highlighted during adolescence and high school. Many respondents expressed concerns similar to those cited by Mendelsohn (1973):

Specific consequences of the emphasis on stereotypic masculinity and femininity is the enormous anxiety that confronts (particularly) the boy who does not fit the model. After all, attainment of masculine status is more than a way of attaining social rewards. It is, for many, central to their identities. (p. 224)

One characteristic of homosexual development drawn from discussions was the relative isolation from girls during youth. Mendelsohn (1973) also commented upon this:

Emerging from a period of relative isolation from girls, a reasonably assertive effort is required of the adolescent to master a whole new complex of persons and situations, a circumstance that demands of him the very qualities of which he is uncertain. (p. 225)

Isolation does not refer to "social contact", for many $\underline{R}s$ had sisters, but from sexual situations which may have prompted or promoted heterosexuality.

A number of discussants commented upon the tendency of the homosexual community to be self-perpetuating and exclusive to those prepared to become dependent upon it. Descriptions and observations of the community in Edmonton appear to support the view that the nature of the community perpetuates the homosexual disposition of its members.

One may hypothesize that a person's entry into the community



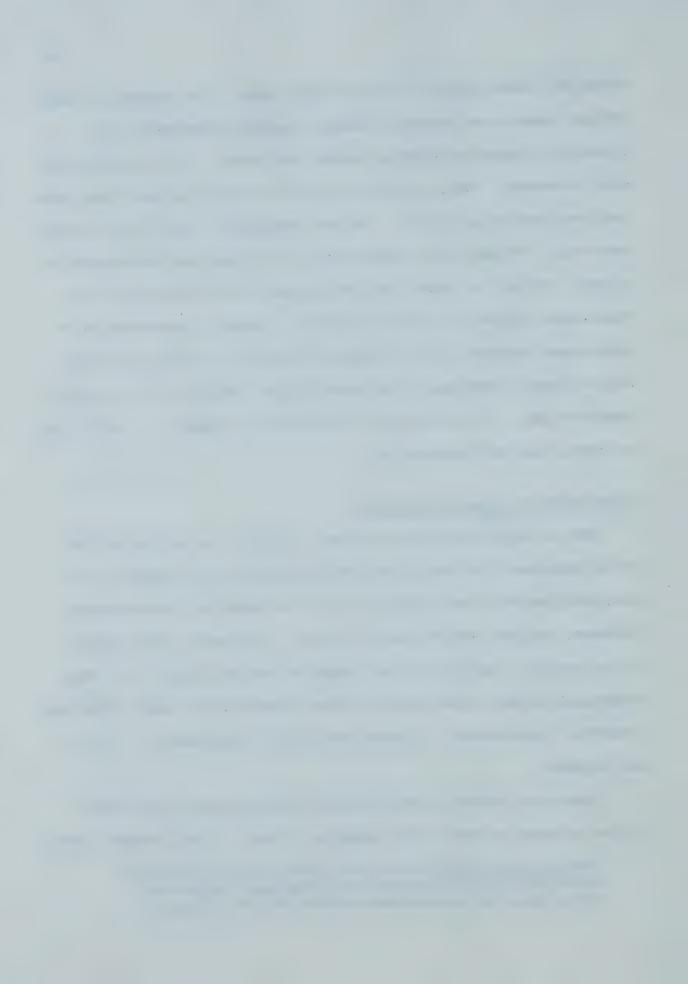
minimizes future contacts with "available" women. The community strongly censures members who express a tendency towards heterosexuality or bisexuality (sexual orientation towards both sexes). One R stated with some bitterness: "We always avoid bisexuals because you never know where they are; they're so fickle!" The male homosexual's inability to comprehend sexual intimacy with a woman makes the bisexual and heterosexual an enigma. Not only is social pressure applied to avoid expressions of a heterosexual nature, but the environment is generally nonsupportive of heterosexual contacts. If the homosexual moves in a circle of friends who are largely homosexual, the probability of contacting an interested female is small. To this extent, the homosexual community is restricting, excluding, and self-perpetuating.

Polarization of sexual orientation

When an individual enters the "gay" community, he may be destined for a homosexual life due to the limiting nature of the community and acculturation which takes place. This is not meant as a deterministic statement implying that one has no choice. The comment simply points to the <u>possible</u> finality of total immersion into the "gay" life. Many homosexuals object to the implicit value judgment which suggests that one lifestyle (heterosexual) is better than another (homosexual). This is not intended.

Population statistics may be used to speculate upon the validity of the privating nature of the community. Kinsey's (1948) figures show:

Thirty-seven percent of the total male population surveyed reported at least incidental overt homosexual experience to the point of orgasm between adolescence and old age.



Twenty-five percent reported more than incidental homosexual experience or reactions for at least three years between the age of 16 and 55 years.

<u>Eighteen percent</u> reported at least as much homosexual as heterosexual behavior for at least three years between the age of 16 and 55 years.

Ten percent were more or less exclusively homosexual for a period of three years between the age of 16 and 55 years.

Four percent of white males were exclusively homosexual for at least three years between the age of 16 and 55 years, and a further

Four percent of white males were exclusively homosexual throughout their lives after the onset of adolescence. (Feldman, 1973, p. 132, emphasis added)

These statements indicate the shifting nature of the sexual behavior of a third of the male North American (that is, United States) population. The trend implies a polarization of sexual orientations. It is pure speculation to assume that those who enter the "gay" community comprise this four percent who remain exclusively homosexual. However, the association may be a valid and significant <u>raison d'être</u> of homosexuality.

To these comments, many homosexuals might say, "So what?", because the "gay" community meets most of their emotional, social, affiliative and sexual needs. All Rs indicated that the degree of their involvement in the "gay" world was their choice and stressed the value of community support. Contrary to expectations, those who stated the benefits of acculturation in alleviating psychological stresses were those who presented the most bizarre behaviors and indicated most frequent contacts with helping professions. It may be concluded that the psychological difficulties encountered by some are only partly allayed by support from the community because of the culture in which it is contained. Weinberg



and Williams (1974) commented upon the influence of living in two societies:

An analysis of the way homosexuals relate to the homosexual world cannot be self-contained. The homosexual world is shaped very strongly by the heterosexual world, and most homosexuals travel between both spheres by necessity and by choice. Thus, modes of adaptation and their success involve the particular forms of interaction and transaction the homosexual employs in bridging these worlds. (p. 11)

Counselling and homosexuality

Counsellors are provided with theory courses in personality, counselling, child development and learning. They may receive instruction in testing and personnel services. The absence of sex education may signify that the trainees already possess the required knowledge or that it is not necessary to gain additional information. The inclusion of sex instruction is, however, no guarantee that homosexuality will be considered. The continued lack of understanding from counsellors and psychologists is often related to deficits in education. Respondents continually stated their willingness to discuss their experiences with counsellors, psychologists and psychiatrists.

Rs favored five or six Edmonton clinicians because of their non-judgmental attitudes towards homosexuals. In the group of more flamboyant (stereotypic) homosexuals, it was common to hear statements related to one's "shrink", or what the individual "told the shrink". In this group it appeared that importance was placed on "being neurotic"; in fact, membership appeared partly dependent upon being "unusual". This criterion, however, was not common across groups. In two meetings, no participant had experienced a clinical setting and all stated that they rarely felt



depressed, "probably no more or less than anyone else".

The usefulness of becoming aware of the dimensions, characteristics and patterns of life may avoid alienation of the homosexual client.

Counselling is fraught with tension and anxiety for both participants.

The counsellor's lack of understanding may lead to his own ambivalence, defensiveness and, on some occasions, judgmental attitude. This may enhance the complexity of the client's feelings and either consolidate the individual's shame, guilt or confusion, and/or promote resentment and mistrust.

The process of increasing one's knowledge might involve a multi-faceted approach including: contacting "gay" organizations, being aware of relevant literature, contacting individual homosexuals, introduction of homosexuality to counsellor training programs, and working actively in clinical relationships with homosexuals. Gaining information and understanding appears to be the initial step. MacDonald (1974), Morin (1974) and Weinberg (1972) have all supported such a program.

Conclusion

The personal perspective developed from this study may aid the understanding of homosexuality. The classifications of homosexuality and heterosexuality have extremely vague boundaries and do not appear to be discrete entities. The one criterion leading to categorization is the observation of behavior signifying the preference for gender of sexual partner. It was noted that the dimension of sexual fantasy, and restrictive participation in the homosexual lifestyle, have infrequently been considered when approaching the topic.



It is a foregone conclusion that any summary of facts related to homosexuality would recommend further research. More careful delineation of the similarities/dissimilarities between the psychological characteristics of homosexuals/heterosexuals might be suggested. However, the difficulties faced collecting a representative sample will continue to limit the application of research and findings. Regardless, some further clarification or speculation upon specific characteristics of the Canadian homosexual population may be useful, future research topics. In particular, one might focus upon the transportation of the oral traditions from the United States to Canada; the apparent non-acceptance of changes within the communities; the incidence of homosexuality within racial groups (treaty Indians and metis), and the separation of these groups from the established "gay" communities.

The time must come when justification for such research will be viewed in terms of cost-effectiveness. When one views the plethora of indecisive, ungeneralizeable and statistically weak research; the volumes of "scientific" description, popular justification for homosexuality; and the result of this to the community, one must seriously consider the benefits to be gained from similar research.

The homosexual community would oppose the cessation of research because it would mean a reduction in visibility, and "need to be understood". Is this really a justification? It is perhaps time to cease research and commence education for public awareness and introduce a Human Sexuality component in counsellor training.

The "Workers Summary" presented by Righton (1973) in association with his publication <u>Counselling homosexuals</u> has personal significance to this writer:



Most people who try to help those with problems arising from their sexuality do so because, for personal reasons they have a special interest in an understanding of particular sexual orientations. Many feel the need to do this work anonymously because of the assumption often made by prejudiced observers that those who help sexual deviants must themselves be deviant. (p. 32)

It was a similar prejudice which made the initial stages of this research uncomfortable, and appears to be symptomatic of the attitude which discriminates or denies others their rights.



References

- Abe, K., & Moran, P. A. P. Parental age of homosexuals. British Journal of Psychiatry, 1969, 115, 313-317.
- Adler, K. A. Life styles, gender role, and the symptoms of homosexuality. <u>Journal of Individual Psychology</u>, 1967, 23, 67-78.
- Altman, D. <u>Homosexual oppression and liberation</u>. New York: Outerbridge & Dienstfrey, 1971.
- Apperson, L. B., & McAdoo, W. G., Jr. Parental factors in the childhood of homosexuals. Journal of Abnormal Psychology, 1968, 73, 201-206.
- Arbuckle, D. S. <u>Counseling: Philosophy, theory and practice</u>. Boston: Allyn & Bacon, 1965.
- Arnstein, R. L. Homosexual concerns of college students. <u>Sexual</u> <u>Behavior</u>, 1971. SIECUS Reprint #90.
- Bandura, A. Behavior modification. New York: Wiley, 1969.
- Barr, R. F., Greenberg, H. P., & Dalton, M. S. Homosexuality and psychological adjustment. <u>Medical Journal of Australia</u>, 1974, <u>1</u>, 187-189.
- Becker, H. S. <u>Outsiders: Studies in the sociology of deviance</u>. New York: Free Press, 1963.
- Bell, A. P. Homosexualities: Their range and character. In: J. K. Cole & R. Dienstbier (Eds.), Nebraska Symposium on Motivation. Vol. 21. Lincoln: University of Nebraska Press, 1974. (a)
- Bell, A. P. Homosexuality. SIECUS Study Guide #2, 1974. (b)
- Benson, R. O. <u>In defence of homosexuality</u>. New York: Julian Press, 1965.
- Bentein, J. Family/life style. Edmonton Journal, 9 May 1975, p. 13.
- Bergler, E. Homosexuality: Disease or way of life? New York: Collier, 1962.
- Bieber, I. A discussion of homosexuality: The ethical challenge.

 Journal of Consulting and Clinical Psychology, 1976, 44, 163-166.
- Bieber, I. Commentary. Medical Aspects of Human Sexuality, 1973, 7, 32.
- Bieber, I. Homosexuality. In: A. M. Freedman, H. I. Kaplan, & H. S. Kaplan (Eds.), <u>Comprehensive textbook of psychiatry</u>. Baltimore: Williams & Wilkin, 1967.



- Bieber, I., & Bieber, T. Heterosexuals who are preoccupied with homosexual thoughts. Medical Aspects of Human Sexuality, 1975, 9, 152-168.
- Bieber, I., Dain, H. J., Dince, P. R., Drellich, M. G., Grand, H. G., Gundlach, R. H., Kremer, M. W., Rifkin, A. H., Wilbur, C. G., & Bieber, T. B. Homosexuality: A psychoanalytic study. New York: Random House, 1962.
- Bieber, T. Viewpoint: Is homosexuality pathologic or a normal variant of sexuality? Medical Aspects of Human Sexuality, 1973, 7, 18.
- Borgatta, E. F., & Bales, R. F. Interaction of individuals in reconstituted groups. <u>Sociometry</u>, 1953, <u>16</u>, 302-320.
- Buck, R., et al. Roundtable: Advising the homosexual. Medical aspects of human sexuality, 1973, 7, 12-33.
- Brown, D. G., & Lynn, D. B. Human sexual development: An outline of components and concepts. <u>Journal of Marriage and the Family</u>, 1966, 28, 155-162.
- Burnham, J. Early references to homosexual communities in American medical writings. Medical Aspects of Human Sexuality, 1973, 7, 34-49.
- Canon, H. J. Gay students. <u>Vocational Guidance Quarterly</u>, 1973, <u>21</u>, 181-185.
- Churchill, W. <u>Homosexual behavior among males</u>. New York: Hawthorn, 1967.
- Clarke, L., & Nichols, J. <u>I have more fun with you than anybody</u>. New York: St. Martin, 1972.
- Coley, S. B. Sexual activity as a coping mechanism. <u>Medical Aspects</u> of Human Sexuality, 1973, <u>7</u>, 40-65.
- Conger, J. J. Adolescence and youth: Psychological development in a changing world. New York: Harper & Row, 1973.
- Coons, F. W. Sex on campus: Informing and advising a new student. Medical Aspects of Human Sexuality, 1974, 8, 25-26.
- Cotton, W. I. Role-playing substitutions among homosexuals. <u>Journal of Sex Research</u>, 1972, <u>8</u>, 310-323.
- Craig, G. J. <u>Human development</u>. Englewood Cliffs, N.J.: Prentice-Hall, 1976.
- Cullinan, R. "Once upon a time!" three myths about homosexuals. Counseling and Values, 1973, 17, 260-262.



- Dailey, D. M. Family therapy with the homosexual: A search. Homosexual Counseling Journal, 1974, 1, 7-15.
- Davison, G. C. Homosexuality: The ethical challenge. <u>Journal of Consulting and Clinical Psychology</u>, 1976, 44, 157-162.
- DeCecco, J. P., & Freedman, M. A study of interpersonal conflict in homosexual relations. <u>Homosexual Counseling Journal</u>, 1975, <u>2</u>, 146-149.
- Douvan, E. A., & Adelson, J. <u>The adolescent experience</u>. New York: Wiley, 1966.
- Ellis, A. Homosexuality: Its causes and cure. New York: Lyle Stuart, 1965.
- Ellis, A. If this be sexual heresy. New York: Lyle Stuart, 1963.
- Erikson, E. H. Identity and the life cycle. <u>Psychological Issues</u>, 1959, <u>1</u>, 1-171.
- Evans, R. B. Biological factors in male homosexuality. Medical Aspects of Human Sexuality, 1973, 7, 12-33.
- Fehren, H. A Christian response to homosexuals. <u>U.S. Catholic</u>, 1972. SIECUS Reprint #102.
- Feldman, P. Abnormal sexual behaviour males. In: H. J. Eysenck (Ed.), Handbook of abnormal psychology. Belfast: Pitman, 1973.
- Feldman, M. P., & MacCulloch, M. J. The application of anticipatory avoidance learning to the treatment of homosexuality: Theory, technique and results. Behavior Research and Therapy, 1965, 2, 165.
- Fisher, P. The gay mystique: The myth and reality of male homosexuality.

 New York: Stein & Day, 1972.
- Foster, M. (pseud.) & Murray, K. (pseud.) A not so gay world:

 Homosexuality in Canada. Buffalo, N.Y.: McClelland & Stewart,
 1972.
- Francher, J. S., & Henkin, J. The menopausal queen: Adjustment to aging and the male homosexual. American Journal of Orthopsychiatry, 1973, 43, 670-674.
- Freedman, M. Homosexuality and psychological functioning. Belmont: Brooks/Cole, 1971.
- Freedman, M. Homosexuals may be healthier than straights. <u>Psychology</u> <u>Today</u>, 1975, <u>8</u>, 28-32.



- Freud, S. Letter to an American mother (1935). In: E. Jones (Ed.),

 The life and work of Signumd Freud. Vol. 3. The last phase, 1919
 1937. New York: Basic Books, 1957.
- Gadpaille, W. J. Adolescent concerns about homosexuality. Medical Aspects of Human Sexuality, 1973, 7, 105-109. (a)
- Gadpaille, W. J. Commentary. Medical Aspects of Human Sexuality, 1973, 7, 32-33. (b)
- Gagnon, J. H., & Simons, W. <u>Sexual conduct: The sources of human</u> <u>sexuality</u>. Chicago: Aldine, 1973.
- Gebhard, P. H. Situational factors affecting human sexual behavior. In: F. A. Beach (Ed.), Sexual behavior. New York: Wiley, 1965.
- Gochros, H. L. Teaching more or less straight social work students to be helpful to more or less gay people. Homosexual Counseling Journal, 1975, 2, 58-67.
- Goffman, I. Stigma. Englewood Cliffs, N.J.: Prentice-Hall, 1963.
- Grinder, R. E. Adolescence. New York: Wiley, 1973.
- Grinder, R. E. (Ed.) <u>Studies in adolescence: A book of readings in adolescent development.</u> 2nd edition. London: Collier-Macmillan, 1969.
- Group for the Advancement of Psychiatry Committee on Medical Education.

 Assessment of sexual function: A guide to interviewing. New York:

 Jason Aronson, 1974.
- Hacker, H. M. Homosexuals: Deviant or minority group. In: E. Sagarin (Ed.), The other minorities: Non-ethnic collectivities conceptualized as minority groups. Waltham, Mass.: Ginn & Co., 1971.
- Hamersma, R. J. The counselor as activist a value commitment. Counseling and Values, 1973, 17, 183-188.
- Hands, R., Hansen, J., & Putnam, B. Counselor moral value judgments and level of facilitation. Counseling and Values, 1974, 19, 48-54.
- Hanson, R. W., & Adesso, V. J. A multiple behavioral approach to male homosexual behavior: A case approach. <u>Journal of Behavior Therapy</u> and Experimental Psychiatry, 1972, <u>3</u>, 323-325.
- Hatterer, L. J. Changing homosexuality in the male. New York: McGraw-Hill, 1971. (a)



- Hatterer, L. J. The homosexual dilemma. <u>Psychiatric Opinion</u>, 1971 (January), 15-17. (b)
- Hauser, R. The homosexual society. London: Mayflower-Dell Books, 1965.
- Heston, L., & Shields, J. Homosexuality in twins: A family study and a registry study. Archives of General Psychiatry, 1968, 18, 149-160.
- Hoffman, M. Homosexual. Psychology Today, 1969, 3, 43-45.
- Hoffman, M. The gay world: Male homosexuality and the social creation of evil. New York: Basic Books, 1968.
- Hoffman, M. Viewpoints: Can homosexuals become heterosexual? Medical Aspects of Human Sexuality, 1974, 8, 152.
- Holzner, B. Reality construction in society. Cambridge, Mass.: Schenkman, 1972.
- Hooker, E. Male homosexuals and their worlds. In: J. Marmor (Ed.),
 Sexual inversion: The multiple parts of homosexuality. New York:
 Basic Books, 1965.
- Hooker, E. The homosexual community. In: J. H. Gagnon & W. Simon (Eds.), Sexual deviance. New York: Harper & Row, 1967.
- Hooker, E. Parental relations and male homosexuality in patient and non-patient samples. <u>Journal of Consulting and Clinical Psychology</u>, 1969, 33, 140-142.
- Hooker, E. Viewpoints: Is homosexuality pathological or a normal variant of sexuality? Medical Aspects of Human Sexuality, 1973, 7, 23.
- Horstman, W. R. MMPI responses of homosexual and heterosexual male college students. Homosexual Counseling Journal, 1975, 2, 68-76.
- Humphreys, L. <u>Tea room trade: Impersonal sex in public places</u>. Revised edition. Chicago: Aldine, 1975.
- Hyde, H. M. The love that dared not speak its name. Boston: Little, Brown, 1970.
- Ivey, R. D. Consultation with a male homosexual. <u>Personnel and Guidance</u> <u>Journal</u>, 1972, <u>50</u>, 749-754.
- Jay, K., & Young, A. (Eds.) Out of the closets: Voices of gay liberation.

 New York: Douglas-Links Books, 1972.
- Kallmann, F. J. Heredity in health and medical disorders: Principles of psychiatric genetics in the light of twin studies. New York: Norton, 1953.



- Kaplan, H. S. The illustrated manual of sex therapy. New York: New York Times Book Co., 1975.
- Killinger, R. R. The counselor and gay liberation. Personnel and Guidance Journal, 1971, 49, 715-719.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. Sexual behavior in the human male. Philadelphia: Saunders, 1948.
- Kohlenberg, R. J. Treatment of a homosexual pedophiliac using in vivo desensitization: A case study. <u>Journal of Abnormal Psychology</u>, 1974, 3, 192-196.
- Kriegman, G. Homosexuality and the educator. <u>Journal of School Health</u>, 1969, 39, 305-311.
- Lazarus, A. A. Behavior therapy and beyond. New York: McGraw-Hill, 1971.
- Levitt, E. E., & Klassen, A. D. <u>Public attitudes towards sexual behavior:</u>
 The latest investigation of the Institute of Sex Research. Paper presented at the annual convention of the American Orthopsychiatric Association, 1973.
- Leznoff, M., & Westley, W. A. The homosexual community. In: J. H. Gagnon & W. Simon (Eds.), <u>Sexual deviance</u>. New York: Harper & Row, 1967.
- Loovis, D. <u>Gay spirit</u>: A guide to becoming a sensuous homosexual. New York: Strawberry Hill, 1974.
- LoPiccolo, J., Stewart, R., & Watkins, B. Treatment of erection failure and ejaculatory incompetence of homosexual etiology. <u>Journal of Behavior Therapy and Experimental Psychiatry</u>, 1972, <u>3</u>, 233-235.
- Loraine, J. A., Ismail, A. A. A., Adamopoulos, D. A., & Dove, G. A. Endocrine functions in male and female homosexuals. British Medical Journal, 1970, 4, 406-408.
- MacDonald, A. P. The importance of sex-role to gay liberation. Homosexual Counselling Journal, 1974, 1, 169-180.
- MacDonald, A. P., & Games, R. G. Some characteristics of those who hold positive and negative attitudes towards homosexuals. <u>Journal of Homosexuality</u>, 1974, 1, 9-27.
- Marcus, I. M., & Francis, J. J. (Eds.) <u>Masturbation: From infancy to</u> senescence. New York: International Universities Press, 1975.
- Margolese, M. S. Homosexuality: A new endocrine correlate. Hormones and Behavior, 1970, 1, 151-155.



- Marmor, J. Notes on some psychodynamic aspects of homosexuality. In:
 J. M. Livingood (Ed.), National Institute of Mental Health Task
 Force on Homosexuality: Final report and background papers.
 Rockville, Md.: National Institute of Mental Health, 1969.
- Marmor, J. Homosexuality and objectivity. SIECUS Newsletter, 1970, $\underline{6}$, 1-19.
- Marmor, J. "Normal" and "deviant" sexual behavior. <u>Journal of the</u>
 American Medical Association, 1971, 217, 165-170. (a)
- Marmor, J. Homosexuality in males. Psychiatric Annals, 1971, 1, 44-59. (b)
- Maslow, A. H. Motivation and personality. New York: Harper, 1954.
- Masters, W. H., & Johnson, V. E. <u>Human sexual response</u>. Boston: Little, Brown, 1966.
- Mathews, W. A. Homosexuality: <u>An educational confrontation</u>. Paper presented at the annual meeting of the American Educational Research Association, New Orleans, 1973.
- May, E. P. Counselors', psychologists', and homosexuals' philosophies of human nature and attitudes towards homosexual behavior. Homosexual Counseling Journal, 1974, 1, 3-25.
- McConaghy, N. The doctor and homosexuality. Medical Journal of Australia, 1973, 1, 68.
- McConnell, L. G. The counsellor and his asexual client. <u>Canadian</u> Counsellor, 1974, <u>8</u>, 207-210.
- McGowan, J. F., & Schmidt, L. D. <u>Counseling: Readings in theory and practice</u>. New York: Holt, Rinehart & Winston, 1962.
- McGuire, R. J., Carlisle, J. M., & Young, B. G. Sexual deviation as conditioned behavior: A hypothesis. Behavior Research and Therapy, 1965, 3, 185-190.
- McIntosh, M. The homosexual role. Social Problems, 1968, 16, 184-185.
- Mendelsohn, R. A. Sex development and adolescence. <u>Counseling and Values</u>, 1973, 17, 222-227.
- Miller, D. The treatment of adolescent sexual disturbances. <u>International</u> Journal of Child Psychotherapy, 1973, 2, 93-126.
- Miller, M. On being different: What it means to be a homosexual. New York: Random House, 1971.



- Mirande, A. M. Youth culture is lessening homosexual anxieties . . . In: R. L. Arnstein, Homosexual concerns of college students.

 Sexual Behavior, 1971. SIECUS Reprint #90.
- Mitchell, M. The counselor and sexuality. Boston: Houghton-Mifflin, 1973. Pp. 26-31.
- Money, J. Prenatal hormones and postnatal socialization in gender identity differentiation. In: J. K. Cole & R. Dienstbier (Eds.), Nebraska Symposium on Motivation, 1973. Lincoln: University of Nebraska Press, 1974.
- Money, J. Pubertal hormones and homosexuality, bisexuality, and heterosexuality. 1972 addendum to J. M. Livingood (Ed.), National Institute of Mental Health Task Force on Homosexuality: Final report and background papers. Rockville, Md.: National Institute of Mental Health, 1969.
- Morin, S. F. Educational programs as a means of changing attitudes towards gay people. Homosexual Counseling Journal, 1974, 1, 160-165.
- Murphy, J. Homosexual liberation: A personal view. New York: Praeger, 1971.
- Nash, J., & Hayes, F. The parental relationships of male homosexuals: Some theoretical issues and a pilot study. Australian Journal of Psychology, 1965, 17, 35-43.
- Norton, J. L. Counseling the gay community: Can counselors meet the challenge? Impact, 1973, 2, 78-80.
- Norton, J. L. The homosexual and counseling. Unpublished manuscript, State University of New York, 1975.
- Nuehring, E. M., & Fein, S. B. The subjective meaning of affiliation:

 Being in the gay social world. Paper presented at the American
 Sociological Association Conference, Montreal, 1974.
- Nuehring, E. M., Fein, S. B., & Tyler, M. The gay college student:

 Perspectives for mental health professionals. Counseling Psychologist, 1974, 4, 64-72.
- O'Connor, P. J. Aetiological factors in homosexuality as seen in the Royal Air Force psychiatric practice. <u>British Journal of Psychiatry</u>, 1964, 110, 381-391.
- Parker, N. Twins: A psychiatric study of a neurotic group. Medical <u>Journal of Australia</u>, 1964, <u>2</u>, 735-742.
- Perry, T., & Lucas, C. L. The Lord is my shepherd and he knows I'm gay. Plainview, N.Y.: Nash, 1972.



- Pomeroy, W. B. Homosexuality. In: R. W. Weltge (Ed.), <u>The same sex.</u> Boston: Pilgrim Press, 1969.
- Pritchard, M. Homosexuality and genetic sex. <u>Journal of Mental Science</u>, 1962, 108, 616-623.
- Reiss, A. J., Jr. The social integration of queers and peers. In: J. H. Gagnon & W. Simon (Eds.), <u>Social deviance</u>. New York: Harper & Row, 1967.
- Reiss, I. L. Introduction to the sexual renaissance in America. <u>Journal of Social Issues</u>, 1966, 22, 3.
- Rice, F. P. The adolescent: Development, relationships and culture.
 Boston: Allyn & Bacon, 1975.
- Righton, P. <u>Counselling homosexuals:</u> A study of personal needs and <u>public attitudes</u>. London: Bedford Square Press of the National Council of Social Services, 1973.
- Roberts, R. E., Abrams, L., & Finch, J. R. "Delinquent" sexual behavior among adolescents. <u>Medical Aspects of Human Sexuality</u>, 1973, 7, 162-183.
- Rose, R. M., Bourne, P. G., Poe, R., Mongey, E. H., Collins, D. R., & Mason, J. W. Androgen responses to stress: II. Excretion of testosterone, epitestosterone, and rosterone, and etiocholanolone during basic combat training and under stress of attack. Psychometric Medicine, 1969, 31, 418-436.
- Schiller, P. Creative approach to sex education and counseling. New York: Association Press, 1973.
- Schofield, M. <u>Sexual behavior of young people</u>. Boston: Little, Brown, 1965.
- Schofield, M. <u>Sociological aspects of homosexuality</u>: Boston: Little, Brown, 1966.
- Schorer, C. Roundtable: Advising the homosexual. Medical Aspects of Human Sexuality, 1973, 7, 17.
- Schur, E. M. Sociocultural factors in homosexual behavior. In: J. M. Livingood (Ed.), National Institute of Mental Health Task Force on Homosexuality: Final report and background papers. Rockville, Md.: National Institute of Mental Health, 1969.
- Secor, N. A. A brief for a new homosexual ethic. In: R. Weltge (Ed.), The same sex. Boston: Pilgrim Press, 1969.
- Seidenberg, R. The accursed race. <u>Psychiatric Opinion</u>, 1971 (January) 6-14.



- Simon, W. The social, the erotic, and the sensual: The complexities of sexual scripts. In: J. K. Cole & R. Dienstbier (Eds.),

 Nebraska Symposium on Motivation. Vol. 21. Lincoln: University of Nebraska Press, 1974.
- Simon, W., & Gagnon, J. H. Homosexuality: The formulation of a sociological perspective. <u>Journal of Health and Social Behavior</u>, 1967, <u>8</u>, 177-185.
- Shinn, R. L. Homosexuality: Christian conviction and inquiry. In: R. Weltge (Ed.), The same sex. Boston: Pilgrim Press, 1969.
- Socarides, C. W. Homosexuality and medicine. <u>Journal of the American</u> <u>Medical Association</u>, 1970, 212, 1199-1202.
- Socarides, C. W. The overt homosexual. New York: Grune & Stratton, 1968.
- Stearn, J. The sixth man. New York: Macfadden, 1961.
- Stone, L. J., & Church, J. Childhood and adolescence: A psychology of the growing person. 3rd edition. New York: Random House, 1973.
- Teal, D. The gay militant. New York: Stein & Day, 1971.
- Thompson, N. L., Jr., McCandless, B. R., & Strickland, B. R. Personal adjustment of male and female homosexuals and heterosexuals. <u>Journal</u> of Abnormal Psychology, 1971, 78, 237.
- Gays on the march. Time, 8 September 1975, pp. 44-50.
- Tourney, G., Buck, R., Hendrie, H., Petrilli, A., & Schorer, C. Roundtable: Advising the homosexual. Medical Aspects of Human Sexuality, 1973, 8, 12-33.
- Turnage, J. R., & Logan, D. L. Sexual "variation" without "deviation".

 Homosexual Counseling Journal, 1975, 2, 117-120.
- Tyler, P. Screening the sexes: Homosexuality in the movies. New York: Holt, Rinehart & Winston, 1972.
- Ullerstam, L. The erotic minorities. New York: Grove Press, 1966.
- Voth, H. M. Viewpoints: Is homosexuality pathologic or a normal variant of sexuality. Medical Aspects of Human Sexuality, 1973, 7, 15-16.
- Warren, C. A. B. <u>Identity and community in the gay world</u>. New York: Wiley, 1974.



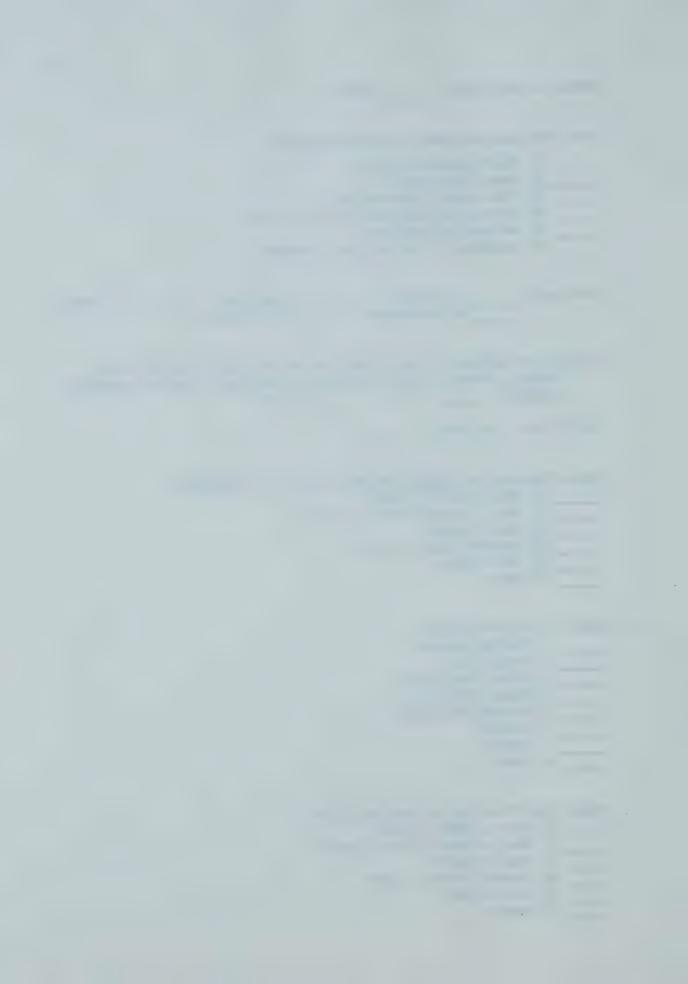
- Weinberg, G. Society and the healthy homosexual. New York: St. Martin's Press, 1972.
- Weinberg, G. Viewpoint: Can homosexuals become heterosexual. Medical Aspects of Human Sexuality, 1974, 8, 150-151.
- Weinberg, M. S., & Williams, C. J. Male homosexuals: Their problems and adaptations. New York: Oxford University Press, 1974.
- West, D. J. Homosexuality. Chicago: Aldine, 1968.
- West, D. J. Parental figures in the genesis of male homosexuals. International Journal of Social Psychiatry, 1959, 5, 85-97.
- Wrenn, C. G. Status and role of the school counselor. <u>Personnel and</u> Guidance Journal, 1957, 36, 175-183.
- Wiedeman, G. H. Survey of psychoanalytic literature on overt male homosexuality. <u>Journal of the American Psychoanalytic Association</u>, 1962, 10, 386-409.
- Willis, S. E. <u>Understanding and counselling the homosexual</u>. Boston: Little, Brown, 1967.
- Wolpe, J. The practice of behavior therapy. New York: Pergamon Press, 1969.



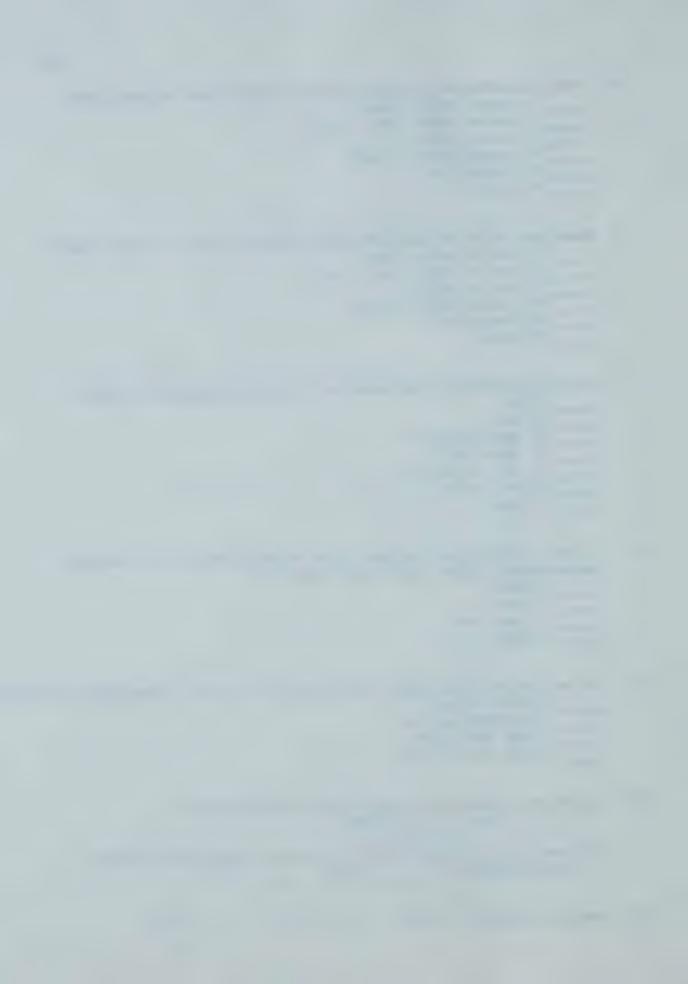
APPENDIX I DEMOGRAPHIC DETAILS COLLECTED



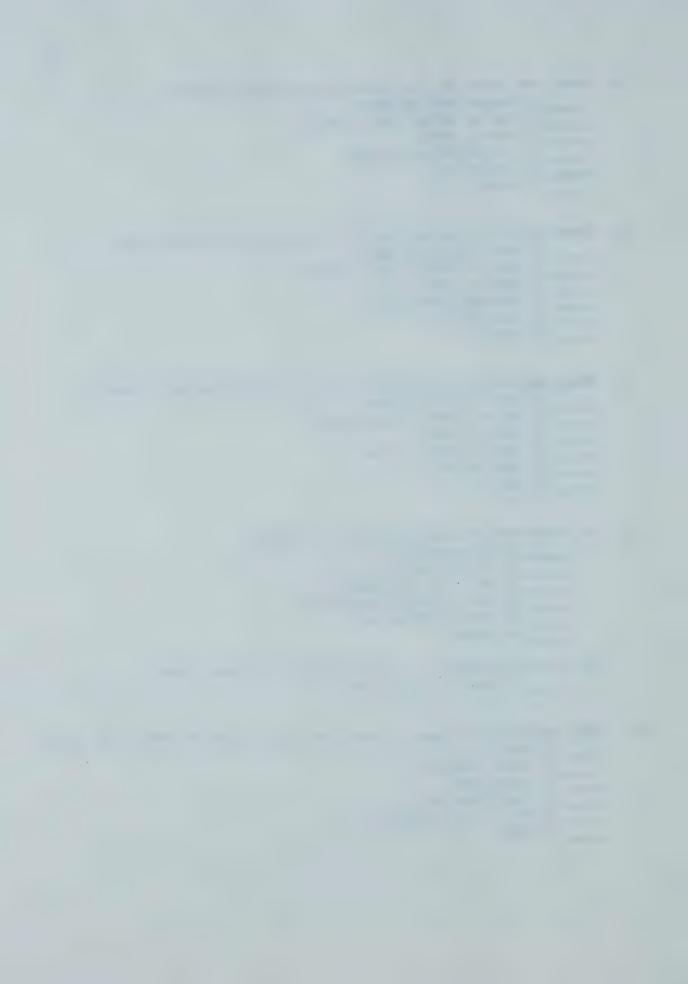
1.	What is your age? years
2.	How far have you gone in your education?
3.	Are you:1) single2) married3) divorced3) divorced3
4.	 (a) Do you belong to any clubs (excluding gay organizations), lodges, unions, professional associations, or other organized groups?1) yes2) no (b) If yes, how many?
5.	How often do you usually attend church or synagogue?
6.	What is your religion? 1) United Church2) Anglican3) Other Protestant4) Roman Catholic5) Ukrainian Catholic6) Jewish7) Other8) None
7.	About how often do you see relatives? 1) once a week or more 2) two or three times a month 3) once a month 4) several times a year 5) less often 6) never



8.	About how often do you have straight friends over to your place? 1) once a week or more 2) two or three times a month 3) once a month 4) several times a year 5) less often 6) never
9.	About how often do you visit with straight friends at their homes? 1) once a week or more 2) two or three times a month 3) once a month 4) several times a year 5) less often 6) never
10.	Of all your friends, how many are (to your knowledge) straight?
11.	At the present time, how many close relationships do you have with heterosexuals (other than family members)?
12.	At the present time, how socially active are you in heterosexual circles
13.	 (a) Do you belong to any gay clubs or organizations? 1) yes 2) no (b) Have you ever held office or served on committees of these organizations? 1) yes 2) no
14.	Are you a member of GATE?1) yes2) no



15.	About how often do you go out to gay bars or clubs? 1) once a week or more 2) two or three times a month 3) once a month 4) several times a year 5) less often 6) never
16.	About how often do you have gay friends over to your place? 1) once a week or more 2) two or three times a month 3) once a month 4) several times a year 5) less often 6) never
17.	About how often do you visit with gay friends in their homes? 1) once a week or more 2) two or three times a month 3) once a month 4) several times a year 5) less often 6) never
18.	(a) With whom are you living at the moment? 1) by yourself2) with parent(s)3) with gay roommate(s)4) with straight roommate(s)5) with wife/husband6) other
	(b) If with roommate, is your roommate also your lover?1) yes2) no
19.	What proportion of your leisure time socializing is with other gays?



20.	How many	of your friends	are	gay?
	1)	all		3-0 -
	2)	most		
	3)	more than half		
		about half		
	5)	less than half		
		only a few		
	7)	none		

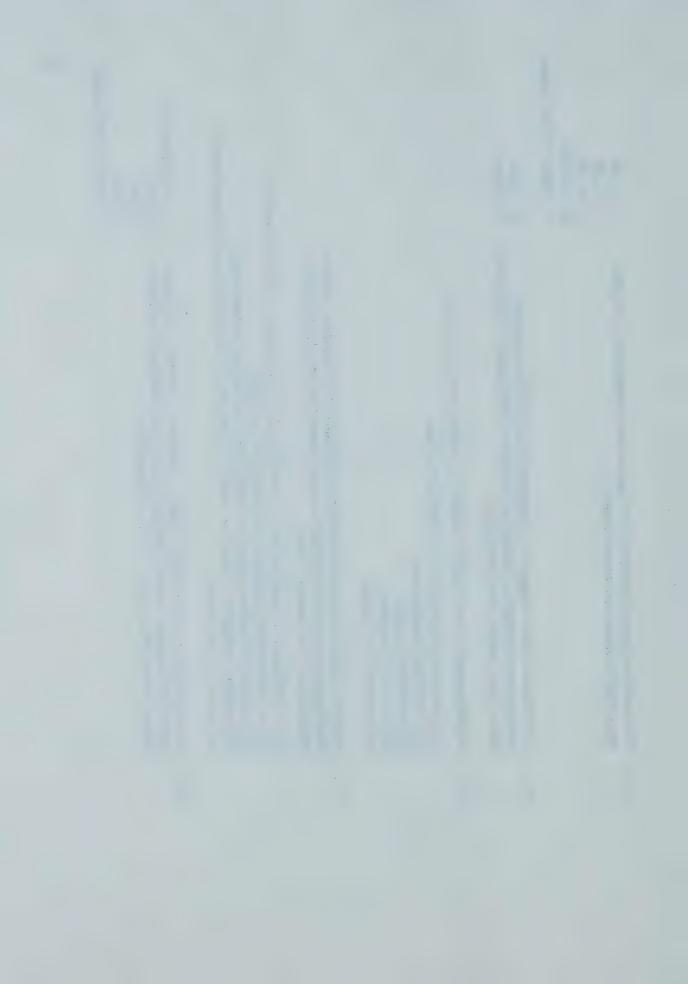


APPENDIX II

QUESTIONNAIRE USED AS THE STIMULUS IN GROUP DISCUSSIONS



1.4% 4.0% 6.8% 13.0% None of the above				S	an 5%	None of the above	7
A. 1.4% B. 4.0% C. 6.8% D. 13.0% E. None of	A. True B. False		bodies)	s heterosexua	A. less than B. 19% C. 35%	E. None of	
The most accurate estimate of exclusive homosexuals in the male North American population is:	Individuals who engage in homosexual activities during adolescence commonly establish regular homosexual lifestyles when they reach their mid-20's.	Heterosexuals can usually identify homosexuals by their: (a) lack of interest in the opposite sex (b) feminine mannerisms (c) affected speech (d) all of the above (e) none of the above	Stud homo homo (a)	 (c) a chromosomal addition (either XXY or XXXY) (c) slightly higher metabolic rate than exclusive heterosexuals (d) higher adrenalin level in their bloodstream than exclusive heterosexuals (e) none of the above 	A proportion of male high school students (grades 9-12) seek sexual encounters almost exclusively with same-sex partners during those four years. This proportion is:		
2.1.	4.2.	5.2.	7.2.		9.2.		



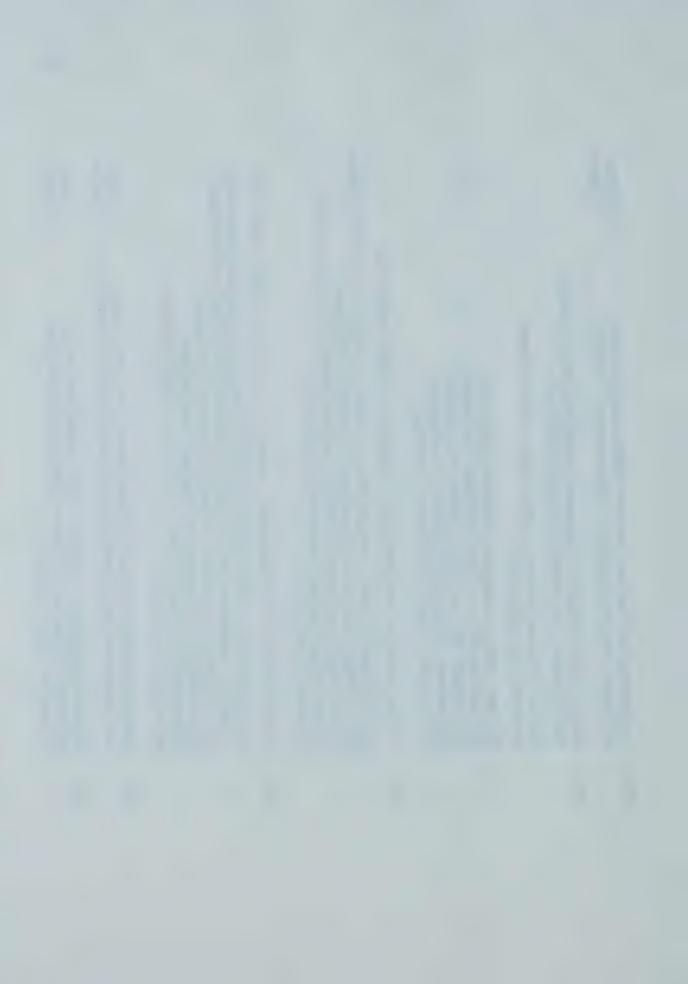
True False Homosexuals who attend counselling more frequently are concerned about: True True group community "gay", and one who does not "homosexual", A B relates respectively to individuals who do not mix with others revealing their homosexual orientation to parents and friends seeking information regarding legal aspects of homosexuality depends upon one's social habits; a person who frequents the relates respectively to the general population of those who prefer same-sex partners, and to the specific population of who have similar sexual preferences, and those who do mix; Though "homosexual" and "gay" are often used interchangeably, Job security is generally of minimal concern to homosexuals. (a) refers to one's acceptance of one's sexual preference, distinguishes "homosexual", implying a predisposition; being fired from a satisfactory job if exposed as gay If a counsellor or clinician wished to learn about homosexuality and approached a homosexual organization, or Rorschach protocols have indicated some (though small) general differences between exclusive homosexuals and individuals, the latter would be somewhat reluctant Which of the following statements is most accurate? discuss gay behavior, needs and lifestyle with him. a semantic difference is often applied; this: individuals who prefer same-sex partners; making a suitable career choice "qay" an active sexual role; gay" implying acceptance; exclusive heterosexuals. all of the above ninority (P) <u>(၁</u> P (e) 0 P 12.3. 15.3. 12.0.



ly by:	A. True B. False		A. 1 only B. 2 only C. 3 only D. 1 & 4 only E. 2 & 4 only	A. True B. False		
Counsellors and psychologists are looked upon somewhat favorably by: (a) organizations devoted to improving the legal and social status of the homosexual (i.e., homophile organizations) (b) many gays who have sought counselling or therapy (c) gay militants (d) all of the above (e) none of the above	The Kinsey Institute found, unexpectedly, that more than 20% of male homosexuals were attracted to prepubescent males.	Which of the following statements is/are true? In Canada, the Criminal Code indicates that it is:	 legal for two consenting adults, over 21 years of age and together, to engage in sexual relations; legal for two consenting adults, over 18 years of age and together, to engage in sexual relations; legal for more than two consenting adults to engage in sexual activities together; illegal for more than two consenting adults to engage in sexual activities together. 	Homosexuals need little moral support or friendship from other homosexuals.	Given that counselling practitioners have limited free time, which of the following would provide adequate information on homosexuality and homosexuals' needs and lifestyle?	 (a) reading the literature only (b) visiting homosexual organizations only (c) counselling a larger number of homosexuals (d) conferring with colleagues on the matter (d) none of the above
16.3 & 222.20.163.	17.3.	19.4.		22.4.	25.4.	



A. True B. False			similar favor; ocation;	refers to: berson with ationship;	A. True). B. False	A. True B. False
The process of "dating" another homosexual is quite different from the process of heterosexual "dating".	Which of the following statements gives the most accurate indication of the extent of sexual activity? Over a lifetime the most typical gays achieve sexual relations to orgasm with:	 (a) more than a thousand different individuals (b) between 500 and 1,000 different individuals (c) between 250 and 499 different individuals (d) between 100 and 249 different individuals (e) between 10 and 99 different individuals 	In the jargon of the homosexual community, "trade" refers to (a) obtaining a sexual contact for a friend in return for a (b) a noncommital sexual experience in a public washroom; (c) any individual who will fellate without expecting recipr (d) any sexual contact obtained at a gay bar; (e) none of the above.	In the jargon of the homosexual community, "turning a trick" refers to: (a) developing a strong emotional relationship with another person with whom a homosexual had previously had a casual sexual relationship; (b) catching your "lover" in bed with another homosexual; (c) winning the affections of one gay from another; (d) dressing in fine clothes to attract a sexual partner; (e) none of the above.	Young homosexuals are apt to seek counselling after they have recognized and accepted their homosexuality (coming out).	Two male homosexuals consider their sexual-emotional relationship stable only after approximately two years of regular sexual contact.
27.4.	27.4.		29.4.	ໍ້ ຕ ຕ ຕ	34.5.	36.5.





53.6.	Male homosexuals are most likely to live:	
	 (a) by themselves (b) with a close horosexual friend (c) with a close heterosexual friend (d) with a sibling (e) with a small group of homosexual friends 	
62.6.	A homosexual will generally restrict the range of his first-order friends to:	
	 (a) one or two homosexuals only; (b) a small group of between 3 and 6 homosexuals; (c) several groups of homosexuals ranging from between 3 and 6 persons; (d) larger groups of between 10 and 20 homosexuals; (e) a heterogeneous group (both homo- and heterosexuals) of no less than 8, but no more than 25 people. 	• @
63.6.	Single homosexuals entertain at home more frequently than A. True do single heterosexuals.	0 to
64.6.	In the jargon of the gay community, "cruising" refers to: (a) being involved in a satisfying sexual relationship; (b) not being involved in any sexual contacts in accordace with one's wishes (i.e., having a break from the gay "scene"); (c) trying to find a suitable girlfriend when a male homosexual is attempting to sever contact with the gay community; (d) mixing with one's heterosexual (or "straight") friends; (e) none of the above.	
65.6.	Sexual relationships between individuals who have different A. True socioeconomic status are more frequent in the gay community B. False than in the straight community.	ص ص
65.6.	Sexual relationships between members of different ethnic A. True groups (Mexican-caucasian, negro-caucasian) are more B. False frequent in the gay community than in the general population.	0 0



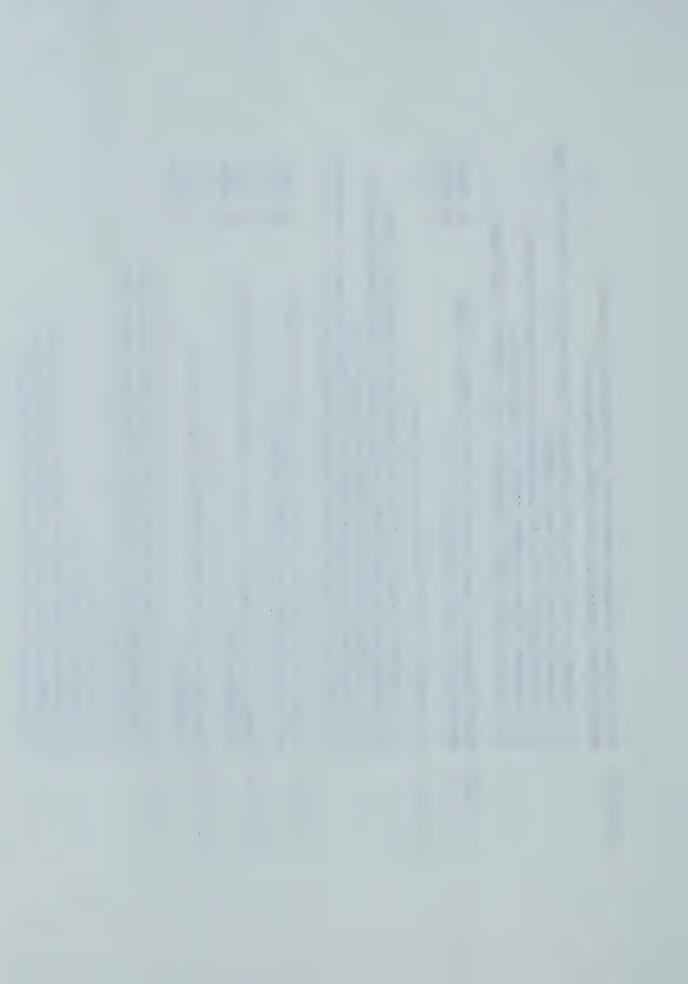
A. True B. False	A. True B. False	A. True B. False	A. True B. False	A. True B. False	used to"?	A. True B. False	A. True B. False	A. True B. False	A. True B. False
A homosexual is liable to seek casual sexual relations with any other homosexual.	Older male homosexuals generally seek sexual contacts with other homosexuals about the same age.	Homophile organizations (excluding gay bars) are generally more concerned about arranging social and political activities for members than in individual counselling.	Young homosexuals are more militant than homosexuals per se.	Homosexuals often put themselves in a position of subordination when relating to heterosexual males.	Which of the following sexual practices takes more "getting used to"? (a) fellating another person (b) allowing one's self to be fellated (c) kissing on the mouth (d) anal penetration (e) mutual masturbation	Homosexuals, in general, engage in most of the following sexual practices: mutual masturbation, fellation, and anal intercourse.	Most homosexuals actively avoid associating with persons who have a reputation for being homosexual with the "straight" world.	Homosexuals rarely experience shame or guilt about having homosexual relations.	Individuals who frequent gay bars are usually somewhat secretive about it.
.9.69	70.6.	79.7.27.	81.7.28.	83.7.87.	88.7.99.	91.7.99.	97.7.109.	100.7.107.	101.7.123.



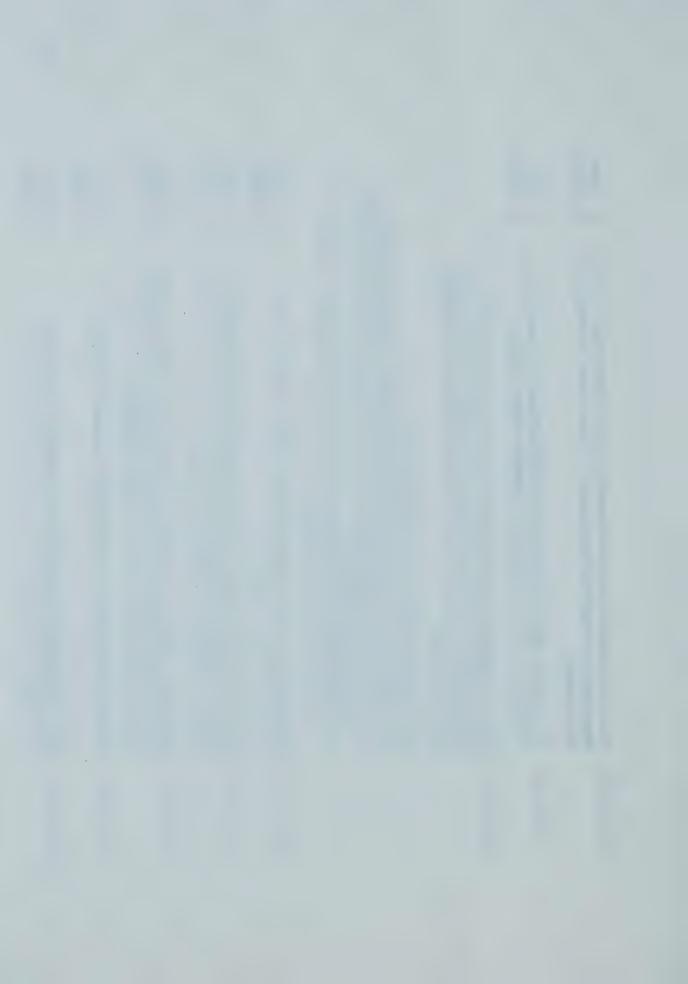
A. True B. False	A. True B. False	A. True B. False	A. True B. False		A. True B. False		A. 1 only B. 1 & 3 only C. 2 & 3 only D. 2 & 4 only E. No alternative presents true information
Heterosexuals appear to handle nonsexual situations more capably than a majority of homosexuals.	There is often little talk between homosexuals once they have implicitly agreed to engage in sex.	Homosexuals often make light-hearted comments about other homosexuals' prowess and the size of genitals.	Effeminacy is especially characteristic of younger homosexuals, as opposed to older homosexuals.	In the jargon of the gay community, "passing" refers to: (a) attempting to obtain a sexual partner in a gay bar; (b) attempting to convince other homosexuals that one is heterosexual, in order to avoid involvement; (c) ejaculation occurring during anal intercourse; (d) rejecting another homosexual's advances; (e) none of the above.	Homosexuals with a high degree of gay social contact are more likely to place importance upon the "sad tales" of oppression than those who have had less contact with the homosexual community.	Which of the following statements is/are true?	 Older homosexuals are often depressed and somewhat lonely. Older homosexuals are generally less effeminate than younger gays. Older homosexuals generally experience difficulty in adapting to their social role effectively. Older homosexuals do not lack self-acceptance.
104.7.150.	106.7.157.	109.7.158.	111.7.159.	112.7.178.	115.7.198.	121-123.7.217-218.	



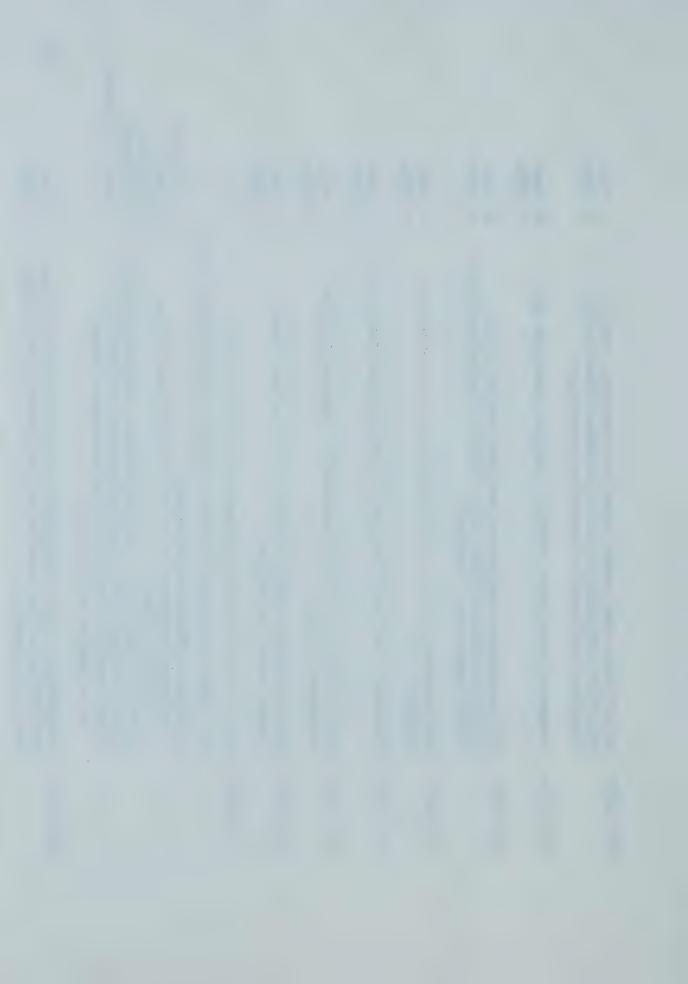
128.7.237.	Which of the following homosexual individuals, in general, would be most concerned about being "found out"? (a) a young person living with straight friends who do not know he is gay; (b) a young person living with parents; (c) a young person living in a university or college residence; (d) a person on the academic staff of a university; (e) a person with a public reputation (e.g., lawyer or sportsman).
131.7.260.	Negro homosexuals have a more positive approach to their B. False
134.7.272.	The greatest risk of exposure occurs when: (a) a homosexual moves into the gay community in search of a lover; (b) parents realize that their son mixes mainly with effeminate males; (c) a homosexual defends the homosexual way of life; (d) a requited lover spreads rumors to the effect that one is homosexual; (e) a work mate of a gay person spreads rumors about him.
136.7.273.	Counsellors often show greater concern with other aspects A. True of life than with a gay client's sexuality.
141.7.280.	Sodomy laws are generally the laws under which homosexuals A. True are prosecuted.
142.7.280.	Canadian police use many different tactics to trap A. True homosexuals.
152.8.14.	Which of the following males is most likely to frequent public places with the intent of engaging in homosexual activities (such as fellation)?
	 (a) heterosexual males (b) married heterosexual males (c) homosexual males who are seeking a new experience (d) homosexual males who are seeking new sex partners (e) teenagers who wish to enter the gay community



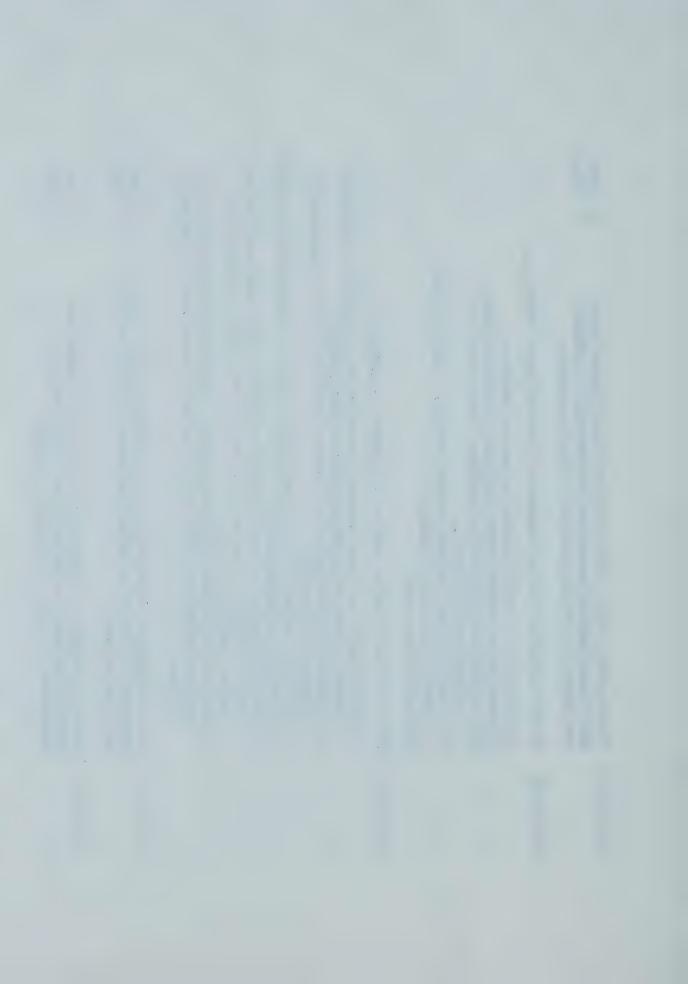
, it is A. True mosexual B. False	ental A. True B. False	his to plan deleted	ns to be gay. d the disclosure. which the topic ions relating	rea A. True B. False	licit A. True cating B. False	generally A. True biogra- B. False	er. A. True B. False	A. True
When in a counselling relationship with a homosexual, it is important to establish the extent of the client's homosexual involvement.	It is often out of a desire to avoid personal or parental unhappiness that a homosexual teenager leaves home.	When a homosexual has decided to broach the topic of his homosexuality with his parents, it is useful for him to plan his approach. Which of the following would best be deleted from this plan?	 (a) Prepare oneself for an "explosion". (b) Be ready to familiarize parents with what it means to be gay. (c) Plan to make parents aware of the goodwill behind the disclos (d) Plan to be somewhat apologetic in the manner in which the top is broached with them. (e) Decide not to become involved in answering questions relating to parental value judgments. 	Homosexuals do not commonly reside in any specific area or areas within a city.	Soliciting in gay bars often concludes with some explicit verbal agreement of commitment by both partners indicating intent and acceptance of the contact.	Homosexuals who are involved in "one night stands" ge like to know something about their partners (i.e., bi phical data) prior to their sexual experience.	Sexual contact keeps the homosexual community together.	Male homosexual prostitutes are generally lower-class
155.8.24-25.	161.9.94.	164.9.113-9.		167.10.171.	170.10.175.	171.10.177.	174.11.196.	175.9.12.203.



A. True B. False	A. True B. False	A. True B. False	A. True B. False	A. True B. False	A. True B. False	A. True B. False		A. 1 & 4 only B. 2 only C. 2 & 3 only D. 2 & 5 only E. None of the above	A. True B. False
As with many other casual sexual relationships. sexual activities undertaken in public washrooms often lead to long-term relationships between the participants.	Homosexual prostitutes generally consider themselves gay.	If the washroom relationship does not conform to the prostitute's expectations, he is likely to become physically violent towards the "customer".	Many homosexuals are at a loss about how to enter the gay community.	Homosexuals only visit gay bars to obtain sexual contacts.	Many of the gay bars are predominantly supported by older homosexual clients.	Mild stimulating drugs are often used to enhance sexual responsiveness and orgasm.	Which of the following statements (if any) are true? The longer a gay person is away from the straight social world:	1. the more effeminate he becomes; 2. the more risk there is of him not being able to play a straight "role"; 3. the more easily he is able to converse with women socially; 4. the more easily he is able to converse with men socially; 5. the harder he tries to portray heterosexual behavior in a straight social setting.	
180.12.209.	181.12.214.	182.12.234.	190.14.18.	191.14.22.	193.14.49.	195.14.64.	198.14.96.		199.14.103.



A. True B. False		mosexual exuality omosexuals l behavior not hologists rapeutic	A. True B. False	A. True B. False
Transsexuals (i.e., individuals who have changed their sex through medical operations and hormonal treatment) are generally not accepted into the gay community.	In the jargon of the gay community, "radical drag" refers to: (a) dressing in female attire and wearing make-up; (b) wearing an evening dress and gloves, beard and boots; (c) wearing female attire and padding chest so that it is excessively "busty"; (d) dressing in extravagant female clothles, flaunting one's gayness and male effeminacy; (e) none of the above.	Which of the following general statements is correct? (a) Homosexuals look more favorably upon persons who exhibit homosexual behavior than do psychologists who are therapists. (b) Homosexuals and counsellors (but not therapists) view homosexuality in much the same way. (c) While (b) above is true, psychologists tend to stereotype homosexuals. (d) While (a) above is true, counsellors believe that homosexual behavior causes a person to be very different from a person who does not prefer same-sex partners. (e) While both (a) and (b) above are true, counsellors and psychologists who are therapists differ mainly in their perception of therapeutic process.	In a therapeutic relationship, the paramount need of the homosexual is often to reduce the sense of isolation from which he suffers.	There is evidence to suggest that some young people who become homosexual are aware of such a difference in themselves as early as age ten or eleven.
199.14.103.	200.14.109.	204.15.15.	206.16.10.	211.16.13.



212.16.16.	In a therapeutic relationship with a homosexual, one-to-one counselling is only a temporary palliative.	A.B.	A. True B. False
215.16.23.	One useful, therapeutic tactic is to refer homosexual clients to a homophile organization who would be able to introduce him to the gay community.	A.B.	A. True B. False
218.17.11.	Overt homosexual contact was probably more common among pioneer men, such as cowboys and the Indian fighters of the West in the 19th century, than among any single group of males in North America.	A.B.	A. True B. False
219.18.31.	Only a very small percentage (less than 5%) of male homosexuals engage in group sex activities.	Å æ	A. True B. False
220.18.31.	A gay person knows how to maintain a high degree of sexual arousal in his partner because he knows what feels good himself.	A. B.	A. True B. False













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